

PC SCAN

[If you need additional space for ANY section, please attach an additional sheet and reference that section.]

UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF ILLINOIS
EASTERN DIVISION

FILED

CR

2/8/2022

THOMAS G. BRUTON
CLERK, U.S. DISTRICT COURT

WENDELL E. WEAVER

(Enter above the full name
of the plaintiff or plaintiffs in
this action)

vs.

Case No: NO. 21 C 5148
(To be supplied by the Clerk of this Court)

DR. MARLENE HENZIE;

DR. GARCIA ; COLLEGIAL UNIT ;

WEXFORD HEALTH SOURCES INC;

DR. WILLIAMS ; DR. BRUCKNER ;

PLACEMENT OFFICER SGT. MARKS ;

WARDEN DAVID GOMEZ, ASST. WARDEN WILLIAMS, ASST. WARDEN OSBOURNE ;
(Enter above the full name of ALL DR. O ; DR. E.
defendants in this action. Do not
use "et al.")

CHECK ONE ONLY:

AMENDED COMPLAINT

☒

COMPLAINT UNDER THE CIVIL RIGHTS ACT, TITLE 42 SECTION 1983
U.S. Code (state, county, or municipal defendants)

☐

COMPLAINT UNDER THE CONSTITUTION ("BIVENS" ACTION), TITLE
28 SECTION 1331 U.S. Code (federal defendants)

☐

OTHER (cite statute, if known)

**BEFORE FILLING OUT THIS COMPLAINT, PLEASE REFER TO "INSTRUCTIONS FOR
FILING." FOLLOW THESE INSTRUCTIONS CAREFULLY.**

[If you need additional space for ANY section, please attach an additional sheet and reference that section.]

I. Plaintiff(s):

- A. Name: WENDELL E. WEAVER
- B. List all aliases: N/A
- C. Prisoner identification number: R47387
- D. Place of present confinement: STATEVILLE C.C.
- E. Address: 16830 S. BROADWAY P.O. BOX 112 JOLIET, IL 60434

(If there is more than one plaintiff, then each plaintiff must list his or her name, aliases, I.D. number, place of confinement, and current address according to the above format on a separate sheet of paper.)

II. Defendant(s):

(In A below, place the full name of the first defendant in the first blank, his or her official position in the second blank, and his or her place of employment in the third blank. Space for two additional defendants is provided in B and C.)

- A. Defendant: MARLENE HENZIE
Title: MEDICAL DIRECTOR ; COLLEGIAL UNIT
Place of Employment: STATEVILLE C.C. / WEXFORD HEALTH
- B. Defendant: DR. GARCIA
Title: DR. GARCIA ; COLLEGIAL UNIT
Place of Employment: STATEVILLE C.C. / WEXFORD HEALTH
- C. Defendant: DR. WILLIAMS
Title: NURSE PRACTITIONER / ASST. DOCTOR
Place of Employment: STATEVILLE C.C. / WEXFORD HEALTH

(If you have more than three defendants, then all additional defendants must be listed according to the above format on a separate sheet of paper.)

II. DEFENDANT(S)

D. DEFENDANT: DR. ^{HELEN} BRUCKNER

TITLE: NURSE PRACTITIONER / ASST. DOCTOR

PLACEMENT OF EMPLOYMENT: STATEVILLE C.C. / WEXFORD HEALTH

D. DEFENDANT: PLACEMENT OFFICER SGT. MARKS

TITLE: PLACEMENT OFFICER / CORRECTIONAL OFFICER

PLACEMENT OF EMPLOYMENT: STATEVILLE C.C.

D. DEFENDANT: WEXFORD HEALTH SOURCES, INC.

TITLE: HEALTHCARE PROVIDER FOR ILLINOIS PRISON(S)

PLACEMENT OF EMPLOYMENT: STATEVILLE C.C.

D. DEFENDANT: WARDEN GOMEZ

TITLE: WARDEN

PLACEMENT OF EMPLOYMENT: STATEVILLE C.C.

D. DEFENDANT: ASST. WARDEN WILLIAMS

TITLE: ASST. WARDEN

PLACEMENT OF EMPLOYMENT: STATEVILLE C.C.

D. DEFENDANT: ASST. WARDEN OSBOURNE

TITLE: ASST. WARDEN

PLACEMENT OF EMPLOYMENT: STATEVILLE C.C.

II. DEFENDANT(S).

D. DEFENDANT: DR. OKEZIE

TITLE: DOCTOR

PLACEMENT OF EMPLOYMENT: STATEVILLE C.C.

D. DEFENDANT: DR. E

TITLE: DOCTOR

PLACEMENT OF EMPLOYMENT: STATEVILLE C.C.

[If you need additional space for ANY section, please attach an additional sheet and reference that section.]

III. List ALL lawsuits you (and your co-plaintiffs, if any) have filed in any state or federal court in the United States:

- A. Name of case and docket number: WEAVER V. MARTIJA, ETAL
N.D. IL. 16-C-940033
- B. Approximate date of filing lawsuit: SEPTEMBER 30, 2016
- C. List all plaintiffs (if you had co-plaintiffs), including any aliases: N/A
- D. List all defendants: DR. OBAISI, WARDEN LAMB, DR. A. MARTIJA,
OFFICER CHAVEZ, SGT. BERKLEY, MED TECH "BOBBY"
- E. Court in which the lawsuit was filed (if federal court, name the district; if state court, name the county): NORTHERN DISTRICT OF ILLINOIS U.S. DISTRICT CT.
- F. Name of judge to whom case was assigned: VIRGINIA KENDALL
- G. Basic claim made: DELIBERATE INDIFFERENCE TO MEDICAL /
DELAY IN TREATMENT FOR FINGER DISLOCATION
- H. Disposition of this case (for example: Was the case dismissed? Was it appealed? Is it still pending?): SETTLEMENT / NO APPEAL
- I. Approximate date of disposition: JANUARY 2020

IF YOU HAVE FILED MORE THAN ONE LAWSUIT, THEN YOU MUST DESCRIBE THE ADDITIONAL LAWSUITS ON ANOTHER PIECE OF PAPER, USING THIS SAME FORMAT. REGARDLESS OF HOW MANY CASES YOU HAVE PREVIOUSLY FILED, YOU WILL NOT BE EXCUSED FROM FILLING OUT THIS SECTION COMPLETELY, AND FAILURE TO DO SO MAY RESULT IN DISMISSAL OF YOUR CASE. CO-PLAINTIFFS MUST ALSO LIST ALL CASES THEY HAVE FILED.

III. LIST ALL LAWSUITS YOU (AND YOUR CO-PLAINTIFFS, IF ANY) HAVE FILED IN ANY STATE OR FEDERAL COURT IN THE UNITED STATES:

- A. NAME OF CASE AND DOCKET NUMBER: WENDELL WEAVER V. DR. J. MITCHELL, DR. BROWN, DR. JANE DOE 15-CV-02950
- B. APPROXIMATE DATE OF FILING LAWSUIT: MARCH 31, 2015
- C. LIST ALL PLAINTIFFS (IF YOU HAD CO-PLAINTIFFS), INCLUDING ANY ALIASES: WENDELL WEAVER -
- D. LIST ALL DEFENDANTS: DR. J. MITCHELL, DR. BROWN, DR. JANE DOE, R. PFISTER
- E. COURT IN WHICH THE LAWSUIT WAS FILED (IF FEDERAL COURT, NAME THE DISTRICT; IF STATE COURT, NAME THE COUNTY): U.S. DISTRICT COURT NORTHERN DISTRICT OF ILLINOIS EASTERN DIVISION
- F. NAME OF JUDGE TO WHOM CASE ASSIGNED: VIRGINIA M. KENDALL
- G. BASIC CLAIM MADE: DELIBERATE INTERFERENCE TO DENTAL NEEDS / TREATMENT
- H. DISPOSITION OF THIS CASE (FOR EXAMPLE: WAS THE CASE DISMISSED? WAS IT APPEALED? IS IT STILL PENDING? (LOST AT TRIAL WITH JURY), NO APPEAL.
- I. APPROXIMATE DATE OF DISPOSITION:
(FEBRUARY 2019)

[If you need additional space for ANY section, please attach an additional sheet and reference that section.]

IV. Statement of Claim:

State here as briefly as possible the facts of your case. Describe how each defendant is involved, including names, dates, and places. **Do not give any legal arguments or cite any cases or statutes.** If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. (Use as much space as you need. Attach extra sheets if necessary.)

1.) BACK IN 2015, ON AUGUST 05 THE PLAINTIFF FINGER WAS
DISLOCATED DURING A BASKET BALL GAME AT STATEVILLE C.C.
ON AUGUST 29, 2015 HE HAD HIS FIRST SURGERY TO SET HIS
FINGER BACK IN PLACE. IN OR AROUND MID-OCTOBER 2015
HE HAD A SECOND SURGERY TO GET THE PIN REMOVED FROM HIS
FINGER TO HOLD THE BONE IN PLACE. ON OR AROUND DECEMBER
29, 2015 THE DR. WHO PERFORMED BOTH SURGERIES (DR. FANTOS)
RECOMMENDED A THIRD SURGERY TO REMOVE THE BUILDUP ON
AND AROUND THE BONE OF THE SURGERY TO FREE IT UP OF CARTILAGE
ETC. AND IMPROVE MOBILITY AND FUNCTION, BUT TO NO AVAIL.
STATEVILLE "COLLEGIAL DOCTORS" DENIED THE REQUEST. SINCE THEN
THE PLAINTIFF HAS BEEN COMPLAIN ABOUT CONSISTANT PAIN AND LACK
OF MOBILITY AND FUNCTION, SO HE WAS SENT TO U.I.C. HOSPITAL
ON DECEMBER 12, 2018, DR. ALFONSO MEJIA MD. RECOMMENDED THE
THIRD SURGERY AGAIN, AND SET UP A SURGERY DATE AND GAVE ME
THE DIRECTION AND SOLUTION TO USE ON THE DAY OF THE SURGERY
BUT THAT DAY NEVER CAME, BECAUSE DR. HENZE AND DR. GARCIA
(COLLEGIAL UNIT) IN THE MEDICAL DENIED IT, SAYING THEY
WERE GOING WITH SOME ALTERNATIVE TREATMENT; THAT THE

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IV. Statement of Claim:

State here as briefly as possible the facts of your case. Describe how each defendant is involved, including names, dates, and places. **Do not give any legal arguments or cite any cases or statutes.** If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. (Use as much space as you need. Attach extra sheets if necessary.)

PLAINTIFF NEVER RECEIVED! THE PLAINTIFF HAS STILL BEEN COMPLAINING ABOUT THE PAIN AND FUNCTION AND MOBILITY IS LITTLE TO NONE! DR. ALFONSO MEJIA, MD FROM U.T.C. HOSPITAL ALSO NOTED: THIS 3RD SURGERY WAS "MEDICALLY NECESSARY" TO STOP THE PAIN AND GET SOME "FUNCTION AND MOBILITY" BACK, BUT DR. HENZIE AND DR. GARCIA (COLLEGEIAL UNIT) PREVENT/DENIED THIS "MEDICALLY NEEDED" SURGERY TO SAVE "WEXFORD MONEY" OR AS THEY SAID AN "ALTERNATE TREATMENT" THAT THE PLAINTIFF NEVER RECEIVED TO THIS DAY? SEE EXHIBIT (1). ATTACHED. ALL THE PLAINTIFF RECEIVED IS A FEW PAIN PILLS FOR OTHER ISSUES THAT WILL FOLLOW AND CLAIM THEY SHOULD HELP MY FINGER AS WELL, BUT THEY DON'T, I GUESS THIS IS/WAS THE "ALTERNATE TREATMENT" THEY DENIED MY 3RD SURGERY FOR? Id. (2) MY SECOND ISSUE IS KNEE(S); MY "RIGHT KNEE" SPECIFIC; AND MY SHOULDER(S) ALSO THE RIGHT ONE, I BELIEVE THAT HAS THE TORN ROTATOR CUFF, NOT SAYING MY LEFT SHOULDER OR MY LEFT KNEE DOESN'T POP OR CAUSED PAIN AS WELL, BUT I WANT TO DEAL WITH

[If you need additional space for ANY section, please attach an additional sheet and reference that section.]

THE ONE(S) STATEVILLE MEDICAL DEPARTMENT KNEW OR SHOULD
 'VE KNOWN WAS A SERIOUS MEDICAL PROBLEM, BUT DID
 NOTHING OR THE BARE MINIMUM UNTIL MY CONDITION(S)
 WORSTEN, LIKE NOW, MY ^{"RIGHT"} KNEE IS SO SWOLLEN RIGHT NOW
 I CAN BARELY WALK, I GOT A LIMP NOW, AND MY RIGHT
 SHOULDER GET STUCK AND I CAN BARELY RAISE MY RIGHT
 ARM, IT'S VERY HARD TO MOVE IT RIGHT NOW, IT'S
 BOTHERING ME AS I WRITE THIS COMPLAINT? THIS
 COURT MENTION I RECEIVED SOME MEDICAL TREATMENT
 FOR THESE ISSUE(S) YES, I DID, BUT IT WAS "INEFFECTIVE"
 AND THEY (MEDICAL STAFF) KNEW THIS BECAUSE I ALWAYS
 TOLD THEM AND COMPLAINED ABOUT THESE ISSUE(S) FOR
 many, many, YEARS! ^(BACK) GOING AT LEAST TO ^{SEPTEMBER 17,} "2017" COULD
 BE LONGER, TOO MULTIPLE DOCTORS HERE AT STATEVILLE C.C.,
 BUT TO NO AVAIL, IT WAS ALWAYS DOWN PLAYED OR OVERLOOKED
 OR TOLD IT'S OLD AGE, ETC, DR. WILLIAMS TOLD PLAINTIFF
 HE HAS "BONE SPURS" BUT NEVER TOLD HER WHAT THAT WAS OR
 MEANT, BUT DID NOTHING FOR THEM, AND ASSUMING SHE
 SAID THIS BASED ON X-RAYS, SHE DIDN'T SEE THE "TORN
 MENSKIS " OR DEGENERATE OF THE KNEE(S)? MS. WILLIAMS
 IF SHE DID ANYTHING WAS VERY MINIMUM AND NOW MY
^{RT.} KNEE HAS WORSTENING OVER TIMES, DUE TO HER OVERLOOKING
 OR DISREGARDING THESE SERIOUS MEDICAL NEEDS,

IV. STATEMENT OF CLAIMS

(CONT.)

SAME WITH MY SHOULDER'S, ASSUMING SHE WAS BASING HER DECISION BASED ON X-RAY, I HAVE A TORN ROTATOR CUFF, I BEGAN WALKING AROUND WITH THIS INJURY FOR YEARS: (SEE MEDICAL RECORDS) STILL NOTHING HAS BEEN DONE ABOUT IT, BESIDES A FEW PAIN RELIEVERS, THIS IS A SERIOUS MEDICAL ISSUE, ESPECIALLY THE PAIN I'M IN AND BEEN COMPLAINING ABOUT FOR YEARS, SHE DID SEND OR RECOMMEND "PHYSICAL THERAPY" WHICH WAS DELOYED FOR I DON'T KNOW HOW LONG, AND WHEN I DID GO, IT SEEM LIKE IT MADE IT WORST AND I TOLD MS. WILLIAMS THIS AND THAT WAS THAT, SHE NEVER CALLED OR TALKED TO ME ABOUT MY KNEE OR SHOULDER OR BONE SPURS AGAIN.

THE PLAINTIFF TOOK THESE SAME ISSUE(S) TOO OTHER DOCTOR(S) HERE AT STATEVILLE C.C. SUCH AS DR. ~~DR. E. DR. E. DR. E.~~ / OKEZIE ON OR AROUND MARCH 15, 2018 / JUNE 5, 2018 WHEN BEEN SEEN ON AN UNRELATED ISSUE, BUT TO NO AVAIL; AGAIN NOTHING WAS DONE FOR MY RIGHT SHOULDER - TORN ROTATOR CUFF - OR MY RIGHT KNEE "FORN MUNTSETS", "BONE SPURS", DEGENERATE OF THE KNEE"? DR. E TOLD ME I'M NOT THERE FOR MY SHOULDER(S) AND KNEE(S) SO HE DON'T WANT TO DISCUSS THEM AND TOLD ME TO LEAVE, AND HE'LL PUT ME BACK IN TO SEE HIM OR SOMEONE ELSE. (SEE GRIEVANCE DATED (3-9-2018))

AGAIN TWO (2) MORE DOCTORS OVERLOOKING OR DISREGARDING THE MEDICAL FILE / X-RAYS - ROTATOR CUFF - RIGHT KNEE FORN MUNTSETS / DEGENERATING KNEE, WHICH SHOULD'VE BEEN RIGHT THERE IN THE FILES AND DID SOMETHING AT THAT TIME TO PREVENT THE STATE MY ARM AND KNEE IS IN AT THIS TIME, WHICH CLEARLY IS SERIOUS MEDICAL ISSUE(S). THAT NEEDED MEDICAL ATTENTION.

(5 CONT.)

FAST FORWARD A FEW YEARS LATER THE PLAINTIFF SEEN DR. MARLENE HENZIE IN 2019 AROUND FEBRUARY AND WAS SENT TO U.I.C. FOR THE C.T. SCAN / M.R.I. ON MY RIGHT SHOULDER AFTER COMPLAINTING TO HER FOR A WHILE, SOME TIME LATER AND IT WAS CONFIRMED A TORN RIGHT ROTATOR CUFF, AND TORN BICEP TENDONITIS, ETC. WHICH COULD HAVE BEEN DISCOVERED SOONER IF; DR. WILLIAMS, DR. E, DR. O, WOULD'VE SENT ME OUT EARLIER. SO AT THIS TIME I BEEN WALKING AROUND WITH THESE INJURIE(S) AND EXCRUCIATING PAIN FOR AT A MINIMUM OF 2-3 YEAR(S) !
HOW IS THIS RIGHT? I'M ALMOST CERTAIN THIS PROBLEM STARTED BACK IN "2015" SO AS STATED IT COULD'VE BEEN LONGER NEED MEDICAL RECORDS TO CONFIRM. NOW MY ARM IS ALMOST USELESS, BECAUSE OF THESE DELAYS AND DOWN PLAYING MY CONDITION(S).

(JUNE/JULY 2019)
A LITTLE WHILE LATER, THE PLAINTIFF WAS SENT TO GET AN M.R.I. ON HIS "RIGHT KNEE" AND AGAIN CONFIRMED THE SOURCE OF THIS PAIN - A "TORN MENISCI" AND DEGENERATED KNEE, AFTER YEARS OF "BONE ON BONE" THE POPPING SOUND WAS THE BONE GRINDING ON EACH OTHER, NO DOCTOR AT STATEVILLE NEVER MENTIONED THIS TO ME, AND KNEW FULL WELL THIS WAS A SERIOUS MEDICAL PROBLEM THAT CAUSE MY KNEE TO BE IN IT'S CURRENT STATE BARELY STANDING ON IT, AND HARD FOR ME TO WALK AND I HAVE A LIMP AND CHALLENGING FOR ME TO CLIMB STAIRS, ETC. THIS COULD'VE BEEN PREVENTED WITH EARLY DETECTION OR CONFIRMED EARLIER TO BE EASY CAREFUL OR WHATEVER SO I WOULDN'T INJURE IT AGAIN OR CONTINUE TO BE ACTIVE, ON IT, AS IT WAS NOT INJURED.
(15) CONT

IV. STATEMENT OF CLAIM;

SO AT THE VERY MINIMUM, IT MAKE SENSE WHY MY
 (RT.) KNEE AND "RIGHT" "SHOULDER" IS IN IT'S CURRENT STATE, CHRONIC
 PAIN "24" HOURS A DAY AND LOSING IT'S FUNCTION(S) JUST
 LIKE MY NEGLECTED PINKY FINGER, UNFORTUNATELY THESE
 PRISON DOCTOR(S) DON'T OR WON'T DO NOTHING FOR YOU
 UNLESS YOU FILE A COMPLAINT / LAWSUIT, OR YOUR
 CONDITION WORSTEN TO THE "WORST CONDITION" STATE:
 LIKE I'M IN NOW. ACTUALLY I JUST WAS SEEN ABOUT
 MY RIGHT KNEE AT U.I.C. IN JANUARY OF THIS
 YEAR 2022, ALMOST (6) YEARS AFTER MY FIRST COMPLAINT
 AND WAS TOLD MY KNEE IS SHOT, AND I MAY NEED A
 KNEE REPLACEMENT IN THE NEAR FUTURE, AGAIN YEARS
 OF DELAYED TREATMENT BY THESE PRISON DOCTOR'S, AT
 OUR EXP. BYSPRECE EXPENCE, THE MEDICAL DIRECTOR
 MARLENE HENZIE SHOULD HAVE KNOWN AT LEAST WITH SEEING
 MY X-RAYS / MRI RESULTS I NEEDED IMMEDIATE MEDICAL
 ATTENTION, SO I WON'T WORSTEN MY CONDITION(S), WALKING
 AROUND, PLAYING BASKETBALL, CLIMBING STAIRS, ETC, ON
 "A DAMAGED KNEE", INSTEAD I WAS GIVING PAIN PILLS AND
 TOLD I'M SCHEDULED TO GO OUT TO SEE SOMEONE FOR YEARS
 WHILE WORSTENING MY CONDITION, THIS DELAYED TREATMENT IS
 UNACCEPTABLE! I ALSO FORGOT THEY GAVE ME CLOTH KNEE SLEEVES
 IF THAT COUNT FOR ANYTHING, BECAUSE THEY DIDN'T HELP AT
 ALL! ON OCTOBER 01, 2020, WELL AFTER THE X-RAYS, M.R.I
 ETC. THE PLAINTIFF SEEN DR. HELEN BRUCKNER, EVAN DOE,
 I DIDN'T KNOW THE RESULTS OF SUCH TEST AT THAT POINT
 SHE HAD MY MEDICAL FILE IN HER HAND, THIS WAS AFTER I
 (5) CONT

IV. STATEMENT OF CLAIM:

HAD ALREADY BEEN RESCHEDULE ABOUT "6" TIMES, I TOLD DR. HELEN BRUCKNER ABOUT THE EXCRUCATING PAIN I WAS IN AND HOW THEY STOP GIVING ME TRAMADOLS PAIN MEDICINE FOR TYLENOLS - 3'S AND HOW THEY WERE NOT WORKING WELL AND MAKING ME SICK, AND HOW I WAS BARELY WALKING AND HOW W MY ^{RT.} KNEE WAS GIVING OUT, AT TIMES? SHE TOLD ME, "YOU WALKING PRETTY GOOD TO ME" I TOLD I BELIEVE I HAVE A TORN ACL/OR TENDON DUE TOO THE POP/SNAP SOUND IT MADE DURING A BASKETBALL GAME A FEW YEARS EARLIER, I'M NOT SURE AT THIS TIME WAS INDEED I EVEN HAD THE M.R.I., BUT X-RAYS WAS DONE. BUT THE PAIN I WAS IN WAS UNDENIABLE, SHE TOLD ME SHE CAN'T MAKE MY LIFE PAIN FREE AND EITHER I TAKE THE TYLENOL 3'S OR GET REGULAR TYLENOL'S, ETC. I TOLD HER THE OTHER MEDICINE (TRAMADOLS) AT LEAST HELPED A LITTLE WITHOUT ME FEELING SICK. SHE SAID I CAN'T GET THEM NO MORE AND ASK ME TO LEAVE, WITHOUT EXAMINE MY SWOLE RIGHT KNEE OR EXAMINE MY RIGHT SHOULDER AFTER ALL THE PAIN I TOLD HER I WAS IN? SO FRED UP ABOUT MY MEDICAL TREATMENT FOR MY KNEE AND SHOULDER PAIN AND GOING BACK AND FORTH ON 6 GALLERY (LIKE 3 FLIGHTS) OF STAIRS, BECAUSE THE DOCTOR(S) NONE OF THEM SEEM NOT TOO BE CARING ABOUT MY DAMAGED KNEE AND SHOULDERS PAIN, I STARTED LOOKING AND TALKING TOO WARDEN(S) AND COUNSELORS

IV. STATEMENT OF CLAIM;

WHEN THEY MADE THEIR ROUNDS THRU THE CELL HOUSE'S OR IF I CAUGHT THEM GOING ON MY VISIT, I WOULD TALK DIRECTLY TO THEM AND EXPLAIN MY SITUATION AND HOW THE MEDICAL STAFF IS IGNORING MY ISSUES BUT TOO NO AVAL. FOR EXAMPLE; AROUND APRIL, MAY OF 2020, I TALKED TO WARDEN WILLIAMS, WARDEN DANTO GOMEZ, HIS ASST. MS. HUNTER/TARR, AND WARDEN ^{ASST.} OSBOURNE ON MANY OCCASION(S) ABOUT THE PAIN I'M IN AND THE LACK OF MEDICAL TREATMENT, THE RESCHEDULING OVER AND OVER AGAIN - THE EXCRUCATING PAIN - I'M IN, SHOWED ^(THEM) MY STUCK PINKY FINGER, MY SWOLLEN RIGHT KNEE, MY SHOULDER AND HOW IT WAS STIFF AND DEFORMITY OF MY RIGHT BY BICEP, THEY ALL WROTE MY NAME DOWN AND LEFT; I ALSO MENTION CLIMBING THOSE STEPS GOING UP TO (6) GALLERY WITH MY SWOLLEN KNEE ^{RT} WHICH I LIVED AT THAT TIME IN C HOUSE "655". BUT NOTHING EVER HAPPENED OR CHANGED DURING THESE TIMES, SO I CONTINUE TO PUT IN FOR SICK CALL COMPLAINTING TO EVERY NURSE I SEEN, LESLIE, TINA, ETC. SO TINA TOLD ME TO WRITE A GRIEVANCE BECAUSE EVEN SHE KNEW THEY WAS DOING US BOGGISH; AROUND JUNE/JULY 2020, THE MEDICAL DEPARTMENT SENT ME A PERMIT ^(THRU THE MAIL) LOW BUNK/LOW GALLERY TO MOVE DOWN STAIRS ON 1 OR 2 GALLERY BOTH ON GROUND LEVEL DEPENDING ON THE CELL HOUSE YOU LIVE IN, 1 GALLERY IN E-HOUSE AND 2 GALLERY IN C HOUSE. BASICALLY MEANS THE SAME, WHICH THE SECURITY

IV. STATEMENT OF CLAIMS;

STAFF WASN'T "HONORING" OR "RESPECTING", SO I CONTINUE GOING UP AND DOWN THE STAIRS FOR SHOWER(S) 1CJOSK (commensary) ETC. FOR A COUPLE OF MONTHS, UNTIL I STARTED COMPLAINTS TO THE UNIT SERGEANT, ^{"LIEUTENANT"} LUTINANT, AND OFFICER'S ETC, AND I'M SURE GOING BACK AND FORTH UP THE STAIR WASN'T HELPFUL TO MY KNEE(S), ETC. BUT MOVING ALONG, SO AT THIS TIME AND NOW, I WAS IN SEVERE PAIN, EVERYTIME I MOVED MY RIGHT KNEE AND MY SHOULDER(S) AND RIGHT ARM IT HURTS LIKE HELL, AND WHEN I TELL MED TECH'S AND DOCTORS THIS IT FALLS ON DEAF EARS. SO AROUND SEPTEMBER OF 2020, I STARTED WRITING THE HEALTH CARE DIRECTLY AND THE WARDEN, ASST. WARDEN, AND COUNSELOR(S), "TO WHOM IT CONCERN" AND TELLING THEM ABOUT MY KNEE WAS STARTING TO GIVE OUT AND ME CLIMBING UP TO THE TOP BUNK WAS STARTING TO BE PAINFUL AND CHALLENGING AND I TOLD L.T. ANDERSON ABOUT THIS ON THE 22ND OF SEPT, 2020, AND TOLD HIM CUS WAS OPEN ON 2-4 GALLERY LOWER GALLERY(S) AND COULD HE MOVE ME DOWN STAIRS, AND HE SAID HE COULDN'T THAT WAS PLACEMENT JOB, SO I ASK COULD HE CALL PLACEMENT AND HE SAID NO! SO I STARTED COMPLAINTING TO EVERYONE, EVERY DAY ON, I TALKED TO THE ACTING SERGEANT OF C-HOUSE ON SEPTEMBER 23, 2020, CAN'T RECALL HIS NAME, BUT I EXPLAINED EVERYTHING TO HIM IN DETAIL AND SHOWED HIM MY ARM, BICEP, THE STIFFNESS IN MY SHOULDER, AND MORE IMPORTANTLY, THE DAMAGED THAT WAS BEING DONE TO MY RIGHT KNEE AND HOW SWOZE IT WAS AT THE TIME AND HOW BAD IT HURTED. HE TOLD ME LET HIM MAKE A FEW PHONE CALLS AND SEE WHAT HE COULD DO; NOTHING CAME OF THIS, SO THE NEXT DAY OR SO

(C, CONT)

SO ON OR AROUND SEPTEMBER 24, 2020, I SPOKE TO ^{"ANOTHER"} ~~THE~~ ACTING SGT. OF CHOUSE, THE UNIT I BEEN LIVING IN FOR A FEW YEARS (GOOD HOUSING UNIT) ^{"LOW AGGRESSION"} ^{- UNIT -} NO PROBLEMS OR TROUBLE, ETC. AND TOLD HIM ABOUT MY MEDICAL PERMIT(S) AND HOW THEY WERE VIOLATING MY RIGHTS, NOT RESPECTING MY MEDICAL CONDITION(S) ETC. SO HE STORMED OFF SAYING HE GOING TO TELL PLACEMENT OFFICER (SGT. MARKS) WHAT I SAID; A HOUR OR SO LATER HE CAME BACK SAYING, I'M MOVING TOO E-HOUSE THE WORSTEST HOUSE IN STATEVILLE, AND A (HIGHER AGGRESSION HOUSE) THAT'S (NASTY AND VIOLENT) THEY DID THIS ON SOME (RETALIATION) STUFF, BECAUSE OF ME COMPLAINTING ABOUT THEM NOT HONORING MY MEDICAL CONDITION(S) AND PERMITS? WHAT OTHER REASON WOULD THEY DO THIS, WHEN CELLS WERE OPEN IN (CHOUSE) ON LOWER GALLERY(S) ESPECIALLY 2 GALLERY WING, I NEEDED IT TOO BE (NO STAIRS) TO CLIMB TOO GET TO MY CELL), NOT TOO MENTION ME HAVING A (LOW AGGRESSION LEVEL) THE EHOUSE CELL THEY MOVE ME TOO WAS 123; IT HAD BLACK MOLD ON THE WALL, THE WATER DIDNT WORK, AND ROACHES, AND SPIDERS, ANT(S) ETC WAS ALL OVER THAT CELL, ALL BECAUSE I WANTED TO MOVE ON A LOWER GALLERY DUE TOO MY CONDITIONS AND PERMIT(S) TOO BE RESPECTED AND HONORED, TO HELP ALLEVIATE SOME OF THIS PAIN, I BEEN EXPERIENCING FOR MANY YEARS AROUND HERE. THIS BLACK MOLD IN THAT CELL IN E-HOUSE COULD HAVE CONTRIBUTED TOO MY ILLNESSES, I'M EXPERIENCING RIGHT NOW ON SOMETHING UNRELATED TOO THIS LAW SUIT? (SHORTNESS OF BREATH) (HEAD ACHES) CHEST PAIN(S) BLURRY VISION) ETC. LT. NORMAN OF EHOUSE, AND SGT/LT. MILSAP CAN ATTEST TOO THE MOLD ON THE WALL, BECAUSE THEY GAVE ME SOME BLEACH AND DISINFECT TOO TRY AND GET IT OFF THE WALL, PLUS I WROTE NUMEROUS GRIEVANCES, AND TALK TO MY THEN COUNSELOR SCOTT ABOUT IT, AND HE SAID HE CAN'T DO NOTHING ABOUT HIS MOVE OR THE BLACK MOLD, BUT DOCUMENT IT ON MY GRIEVANCES, SAME ABOUT MY MEDICAL ISSUE(S), MY CURRENT COUNSELOR MS. DIXON HITS TOLD ME THE SAME THING, ABOUT MEDICAL SO I'M FORCED TOO FILE THIS LAW SUIT TOO GET ME SOME MEDICAL HELP. I WROTE PLACEMENT OFFICER SGT. MS. MARKS TOO MOVE BACK TOO CHOUSE ON NUMEROUS OCCASION, BUT TOO NO AVAIL, SHE NEVER WROTE ME BACK OR ^{AND WITH SHE MOVED ME TOO (7A) BECAUSE WITH WHEN SHE HAD CELL OPEN IN CHOUSE.}

IV. STATEMENT OF CURRENT CONT.

AFTER THE MOVE TO E-HOUSE CELL 123, ON ^(OR) AROUND SEPT 30, 2020 THE PLAINTIFF TALKED AGAIN WITH WARDEN AND GOMEZ AND OTHERS ABOUT MY MEDICAL ISSUE(S) AND WHY I WAS MOVED FROM C-HOUSE OUT OF RETALIATION, ETC. HE SAID HE WAS GOING TO LOOK INTO IT, BUT NOTHING CAME OF THIS. I ALSO SHOWED MY "GOMEZ" MY SWOLLEN KNEE AND HE SAID HE WAS GOING TO TALK TO SOMEONE IN MEDICAL FOR ME TO BE SEEN BUT I WASN'T SEEN.

SAME WITH ASST. WARDEN WILLIAMS, I ACTUALLY TALKED WITH HIM SEVERAL TIMES ABOUT MY MEDICAL CONDITION AS FAR BACK AS "2019" OR "2018" AROUND JUNE/JULY OF 2018 IN THE HOSPITAL ABOUT HOW THEY WERE CANCELING AND DELAYING MY MEDICAL TREATMENT, AND HOW MY ARM, SHOULDER(S) AND KNEE(S) BEEN HURTING AND HOW MY BONE(S) BEEN POPPING IN MY KNEE(S) AND HOW I PUT IN FOR SICK CALL AND THEY NEVER CALL ME, SO HE WROTE MY NAME DOWN AND TOLD ME HE WOULD GET ME TO SEE A DOCTOR, BUT TO NO AVAIL! I SEEN HIM A FEW TIMES AFTER THAT AND TALKED WITH HIM AGAIN BUT AFTER A WHILE I JUST GAVE UP, BECAUSE I WASN'T GETTING ANYWHERE.

WARDEN OSBOURNE, I TALKED TO HIM IN THE PRISON HOSPITAL ON NUMEROUS OCCASSION AND IN THE CELL HOUSE'S ACTUALLY I JUST TALKED TO HIM JANUARY 2022, A FEW WEEKS AGO, ABOUT THEM (PLACEMENT) MOVING ME BACK UP STAIR(S) WITH MY CURRENT KNEE PROBLEM;

IV. STATEMENT OF CLAIM CONT:

AND CURRENT HEALTH ISSUE(S) HE TOLD THE (KITCHEN FOOD SUPERVISOR) M.S. WILSON TO WRITE my NAME AND NUMBER DOWN AND SEND IT TO HIM, BUT TO NO-AVAIL, I'm STILL ON 3 GALLERY IN D-HOUSE "1 FLIGHT OF STAIRS" I'm CURRENTLY CLIMBING. I ALSO TALKED TO MR. OSBOURNE ON 8-17-21 AND 10-14-21 IN CEE-HOUSE AND SHOWED HIM MY SWOLLEN KNEE DEFORMED ARM AND HOW THE HEALTH CARE BEEN NOT GIVING ME MEDICAL TREATMENT, ETC. HE SAID HE WOULD LOOK INTO IT, BUT NOTHING CAME ABOUT AND NOTHING CHANGED. I EVEN CAME TO A CONFERENCE MEETING THEY CALLED ME TO ON 10-25-21 AND EXPLAINED my CURRENT MEDICAL ISSUE(S) AND THEY (THE MEDICAL) STAFF TRYED TO EXPLAIN THESE DELAYS AND LACK OF TREATMENT WHICH DON'T HELP my "TORN ROTATOR CUFF, TORN MUNCUSMUSKES, AND "BONE ON BONE" KNEE AND DEFORMED ARM/BICEP, AND PAIN I'm CURRENTLY IN, MATTER OF FACT THE LAST (2) DAYS I HAVEN'T RECEIVED my PAIN MEDICINE "TRAMADOLS" BECAUSE THE NURSE SAID THEY RAN OUT AND DON'T HAVE ANYMORE - THE CURRENT PLACEMENT OFFICER "MAHALIEK" KNOWS ABOUT my MEDICAL CONDITION SPECIFICALLY my "RIGHT KNEE" BECAUSE I NOT ONLY TALKED TO HIM ABOUT IT I SHOWED HIM BACK IN "NOV/DECEMBER 2021" AND WHEN HE MOVED ME OUT OF C HOUSE BECAUSE THE CELL FLOODED, HE PUT ME IN D-HOUSE ON "1 GALLERY", NOW OUT OF THE BLUE HE SENDS ME UP STAIR(S) RETALIATION, I GUESS! I CAN'T REALLY SAY FOR SURE BUT IT SURE FEELS LIKE IT, ONLY HE CAN SAY FOR SURE

IV. STATEMENT OF CLAIM CONT

IN SUM, THE PLAINTIFF HAS A TORN ROTATOR CUFF IN HIS RIGHT SHOULDER, AND BONE ON BONE ON HIS RIGHT KNEE, PLUS A TORN MENISCUS (DEGENERATE KNEE PROBLEMS), THAT ALL OF THE ABOVE DEFENDANTS KNEW OR SHOULD'VE KNOWN BECAUSE THE PLAINTIFF SEEN AND TALK TO MAJORITY OF THEM FACE 2 FACE, AT THE MINIMUM THE PLAINTIFF BEEN WORKING AROUND FOR ALL THIS PAIN FOR AT LEAST "2017" BY 2019, EVERYONE DOCTOR WHO SEEN MY FILE SHOULD'VE SEEN THIS; I STILL HAVE THESE SAME MEDICAL ISSUE(S) TO THIS DAY, AND NOTHING HAS BEEN DONE ABOUT IT? MY RIGHT KNEE IS SHOT, MY RIGHT SHOULDER IS SHOT, DUE TO STATEVILLE MEDICAL STAFF AND OTHER'S DELAYING TREATMENT FOR MY SERIOUS MEDICAL NEEDS! DUE TO THIS COURT ORDER, I'M ONLY PROCEEDING ON (2) TWO OF my (4) ^{IS} ISSUE(S) WHICH THE DENTIST OF THE 3RD SURGERY FROM DR. HENZIE / DR. GARCIA FOR AN ALTERNATIVE TREATMENT I NEVER RECEIVED, AND STILL IN PAIN (PINKY FINGER) SINCE "2015" AND MY

IV. STATEMENT OF CLAIM CONT

RIGHT SHOULDER TORN ROTATOR CUFF, THAT
 NOTHING BEEN DONE FOR FOR AT LEAST 2-3
 (IF NOT LONGER) AND
 YEARS, ~~ENDING~~ WITH MY SWOLLEN RIGHT KNEE
 / TORN MENSKETS, NOTHING HAS BEEN DONE
 FOR AT LEAST THE LAST 3-4 YEARS, THESE
 ARE SERIOUS MEDICAL ISSUE(S) AND NOW I'M
 AT A POINT NOW MY SHOULDER(S) AND KNEE(S)
 CAN BE SHOT, DUE TO THEIR DELAY IN MY
 TREATMENT(S) MY OTHER (2) ISSUES - SLEEP
 APNEA MACHINE DENTAL AND MY ARM DEFORMED
 BECOP WILL BE BROUGHT IN A SEPARATE
 COMPLAINT DUE TO THIS COURT ORDER DATED
 DECEMBER 28, 2021. THIS COURT ALSO NOTES MY
 ISSUES DATE BACK 5 YEARS OR SO, BUT PERSONNEL'S
 ARE NOT ALLOW TO FILE COMPLAINT(S) WITHOUT
 EXHAUSTING ALL OUR AVAILABLE ADMINISTRATIVE
 REMEDIES; AND UNFORTUNATELY FOR THE PLAINTIFF
 THIS PROCESS IS INCREDIBLY "SLOW" SOMETIMES
 THE GRIEVANCE OFFICER HOLD'S THE GRIEVANCE "SEVERAL"
 YEAR'S THEMSELVES JUST TO SAY "NO" OR NOTHING CAN
 BE DONE ABOUT YOUR MEDICAL CONDITIONS(S) AND SO FORTH.
 (IF CONT)

IV. STATEMENT OF CLAIM CONT

ALL THIS DELAY IN TREATMENT AND DENIAL OF SOME OR ALL "MEDICAL TREATMENT" IS PART OF "WEXFORD HEALTH SOURCES INC."

PATTERN AND PRACTICE ON SAVING MONEY AND GIVING MEDICAL DIRECTOR(S) OF

I. D. D. C. FACILITY'S A KICK-BACK OR BONUSES FOR SAVING MONEY FOR

THEM. THIS IS A VERY DANGEROUS PRACTICE AND US INMATE'S HAS "DIED" AND

"SUFFERED" FROM THIS UNLAWFUL ACT.

I FORGOT THE RETALIATION CLAIM WHICH IS ALSO TO THE "KNEE" ISSUE; SO THIS IS THE 3RD ISSUE IN THIS COMPLAINT IF THE COURT ALLOWS IT; OR I COULD FILE IT WITH THE OTHER ISSUE(S), BUT THEY WILL BE UNRELATED TO THE MEDICAL ISSUES 1 (SLEEP APNEA) ISSUE AND THE 2 (ARM/BICEP) ISSUE. SO I'M REALLY NOT SURE HOW TO PROCEED AT THIS POINT?

- CONT

[If you need additional space for ANY section, please attach an additional sheet and reference that section.]

V. Relief:


State briefly exactly what you want the court to do for you. Make no legal arguments. Cite no cases or statutes. WHEREFORE, PLAINTIFF RESPECTFULLY PRAYS THAT THIS COURT ENTER JUDGEMENT GRANTING PLAINTIFF: A DECLARATION THAT THE ACTS AND OMISSIONS DESCRIBED HEREIN VIOLATED PLAINTIFF RIGHTS UNDER THE CONSTITUTIONS AND LAWS OF THE UNITED STATES, COMPENSATORY DAMAGES AGAINST EACH DEFENDANT, AND INJUNCTIVE RELIEF, SURGERY ON MY LEFT PINKY FINGER (3RD) IF POSSIBLE, SURGERY ON MY RIGHT SHOULDER REPAIR MY TORN MUNCISMUS TO RIGHT KNEE AND TORN ROTATOR CUFF.

VI. The plaintiff demands that the case be tried by a jury. ☒ YES ☐ NO

CERTIFICATION

By signing this Complaint, I certify that the facts stated in this Complaint are true to the best of my knowledge, information and belief. I understand that if this certification is not correct, I may be subject to sanctions by the Court.

Signed this 7TH day of FEBRUARY 20 22


(Signature of plaintiff or plaintiffs)

WENDELL E WEAVER
(Print name)

R47387
(I.D. Number)

16830 S. BROADWAY ST. ROUTE 53
JOLIET, IL 60434
(Address)

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IN THE UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF ILLINOIS
EASTERN DIVISION

WENDELL WEAVER,)
)
 Plaintiff,)
)
 vs.) 16-cv-09400
)
 DR. A. MARTIJA, et. al.,)
)
 Defendants.)

The deposition of ALFONSO MEJIA, M.D., called by the Defendant for examination pursuant to notice and pursuant to the Rules of Civil Procedure for the United States District Courts pertaining to the taking of depositions, taken before Patricia S. Mann, CSR, RPR, License No. 084-001853, a notary public in and for the County of Cook and State of Illinois, at Room E-270, 835 South Wolcott Avenue, Chicago, Illinois, on Wednesday, April 3, 2019, at hour of 3:15 p.m.

Reported for
MAGNA LEGAL SERVICES, by:
Patricia S. Mann, CSR, RPR.
License No. 084-001853

Page 2

1 APPEARANCES:
 2 FOX ROTHSCCHILD, L.L.P.,
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 6 (312) 541-0151, by:
 7 MS. CHRISTINA M. SANFELIPPO,
 8 appeared on behalf of the Plaintiff;
 9
 10 CASSIDAY SCHADE, L.L.P.,
 11 222 West Adams Street, Suite 2900,
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 15 MR. JAMES F. MARUNA,
 16 appeared on behalf of the Defendants,
 17 Dr. Martija and Dr. Obasi;
 18
 19 OFFICE OF THE ILLINOIS ATTORNEY GENERAL,
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 21 Chicago, Illinois, 60601,
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 24 MR. NICHOLAS S. STALEY,
 appeared on behalf of the Defendants,
 John Baldwin, Nicholas Lamb and Randy
 Pfister;
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 (312) 822-5612, by:
 MR. RUWAN C. PERERA,
 appeared on behalf of the Defendant,
 Jose Becerra.

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1 ALFONSO MEJIA, M.D.,
 2 having been first duly sworn, was examined and
 3 testified as follows:
 4 DIRECT EXAMINATION
 5 BY MS. SANFELIPPO:
 6 Q. Good afternoon. Could you please state
 7 and spell your name for the record?
 8 A. My name is Alfonso Mejia, my last name is
 9 M-e-j-i-a.
 10 Q. Okay. My name is Christina Sanfelippo,
 11 my firm was appointed by the Court to represent the
 12 Prisoner Wendell Weaver in this matter.
 13 Have you been deposed before?
 14 A. Yes.
 15 Q. How many times about?
 16 A. I do treating physician, so it's a few
 17 times a year.
 18 Q. Okay. Have you given any trial
 19 testimony?
 20 A. Twice.
 21 Q. Okay. And what were those cases?
 22 A. One was a lady who broke her ankle and
 23 sued the City, and one was a gentleman who was
 24 assaulted and died and I was a witness at his

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1 killer's murder trial.
 2 Q. Okay. Thank you. So since you've done
 3 this a few times already, I'll go over the rules
 4 quickly just to make sure we have a clean record.
 5 I'm going to ask you a series of questions and if
 6 you could please allow me to finish my question
 7 before providing the answer, that will help out the
 8 Court Reporter a lot.
 9 Also, please try to provide verbal
 10 responses and avoid uh-huhs or something similar
 11 like that so that the Court Reporter can adequately
 12 transcribe your responses. If I use the wrong term,
 13 please let me know. I'm a lawyer that doesn't do
 14 medical-related work, so if I get something wrong,
 15 I want to make sure the record is clear.
 16 And also if you at any time need a
 17 break, please feel free to let us know, I would only
 18 ask that you finish answering my question before we
 19 take the break, all right?
 20 A. Yes.
 21 Q. Okay. Did you review any documents in
 22 preparation for today's deposition?
 23 A. I scanned through the chart that was
 24 mailed to me, this seems to be the same as the one

<p style="text-align: right;">Page 6</p> <p>1 that was mailed to me. I found only a few pages of</p> <p>2 my clinic notes, there was a lot of other material</p> <p>3 in here.</p> <p>4 Q. Okay. Then we can get started talking</p> <p>5 about your education, job experience. You handed</p> <p>6 me your c.v., is this your current c.v.?</p> <p>7 A. More or less, yes.</p> <p>8 Q. Okay. This is the only copy that we have,</p> <p>9 so I think I'll just walk through it and we can mark</p> <p>10 it as an exhibit.</p> <p>11 A. Okay.</p> <p>12 Q. Okay. So it says here that you went to</p> <p>13 medical school at the University of Illinois College</p> <p>14 of Medicine in Chicago?</p> <p>15 A. Yes.</p> <p>16 Q. Okay. You graduated in 1990. After</p> <p>17 graduation, where did you work?</p> <p>18 A. You can't really work, you have to finish</p> <p>19 training. So I did my residency in orthopedics at</p> <p>20 the University of Illinois, I subsequently did a</p> <p>21 fellowship in hand surgery at Louisville in the</p> <p>22 Kleinert Institute. I returned to Chicago in 1996.</p> <p>23 I got board certified the first time in '99, I've</p> <p>24 been -- I've recertified twice and I'm now an</p>	<p style="text-align: right;">Page 7</p> <p>1 examiner for the board.</p> <p>2 Q. Okay. Great. So what is your current</p> <p>3 title at UIC?</p> <p>4 A. I am the Vice Head of the Department of</p> <p>5 Orthopedic Surgery, I am the program director for</p> <p>6 the residency. And I'm in charge of education, so</p> <p>7 that includes not only our residents, but we have</p> <p>8 a sports fellow that I oversee and medical students</p> <p>9 that rotate with us.</p> <p>10 Q. And you're also a practicing physician?</p> <p>11 A. Yes.</p> <p>12 Q. Is that included in that title?</p> <p>13 A. So you can't teach medicine without</p> <p>14 practicing.</p> <p>15 Q. Okay.</p> <p>16 A. It's not like other professions,</p> <p>17 everyone who teaches medicine is practicing,</p> <p>18 otherwise it's an experiential experience. So I</p> <p>19 see patients in the clinic, I do surgery, I see</p> <p>20 patients on the floor, I see patients in the</p> <p>21 emergency room.</p> <p>22 Q. Okay. Is there any sort of classroom</p> <p>23 component to your job?</p> <p>24 A. Yes. So we have a core lecture series</p>
<p style="text-align: right;">Page 8</p> <p>1 that's four hours every Wednesday -- in fact, I'll</p> <p>2 be starting at four, we go 4:00 to 8:00 p.m. --</p> <p>3 and so I oversee that and I lecture in that</p> <p>4 occasionally. And then we also have some journal</p> <p>5 clubs that take place mostly dedicated to hand for</p> <p>6 the ones I participate.</p> <p>7 Q. Okay. Can you explain for me what an</p> <p>8 orthopedic surgeon does?</p> <p>9 A. Just sits around. Well, it's a physician</p> <p>10 that takes care of the musculoskeletal system, so</p> <p>11 we take care of bones, joints, muscles. As a hand</p> <p>12 surgeon, it also tends to include nerves a lot. So</p> <p>13 the reason hand is a subspecialty from orthopedics</p> <p>14 is because hand structures are so tightly contingent</p> <p>15 on each other, that before there was a subspecialty</p> <p>16 of that, oftentimes you needed an orthopedic</p> <p>17 surgeon, a neurosurgeon and a plastic surgeon to</p> <p>18 take care of things.</p> <p>19 So hand surgery subspecializes in</p> <p>20 taking care of all components of the hand; but the</p> <p>21 orthopedic surgeons in general will take care of</p> <p>22 bones, the joints, tendons, et cetera.</p> <p>23 Q. Okay.</p> <p>24 A. We basically stop at the neck, we don't</p>	<p style="text-align: right;">Page 9</p> <p>1 do any type of facial fracture or anything like</p> <p>2 that.</p> <p>3 Q. Okay. So did you -- is residency where</p> <p>4 you gained your specialty, is that how you get a</p> <p>5 specialty?</p> <p>6 A. Yes. So when you graduate from medical</p> <p>7 school, regardless of what you're going into, you</p> <p>8 have to do a residency to practice in the United</p> <p>9 States. So if you were going into internal</p> <p>10 medicine, pediatrics, psychiatry, you'll do a</p> <p>11 residency, and when you finish the residency, at</p> <p>12 that point, you're eligible to practice, but then</p> <p>13 you still have to go through a Board process.</p> <p>14 Q. Okay. What sort of training did you</p> <p>15 receive in residency?</p> <p>16 A. Orthopedic surgery.</p> <p>17 Q. How long was the residency?</p> <p>18 A. It's five years, orthopedics is five</p> <p>19 years, almost universally five years. There are</p> <p>20 some programs that are six years that they have a</p> <p>21 year of research, some programs are six years. If</p> <p>22 they have an integrative fellowship, for example,</p> <p>23 Brown, everyone does a trauma fellowship at the end</p> <p>24 of it, so theirs is a little bit longer.</p>

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1 Q. Is each year in residency different, do
2 you focus on a different part of your specialty?

3 A. You have to fill rotations. So I've run
4 the residency now, I can tell you how we run it
5 now. If you ask me how mine was run, that's over
6 20 years, I really -- I couldn't give you any
7 specifics.

8 We do rotate through different
9 specialties. For example, the way the residency is
10 run is you have an integrated intern year, they have
11 six months of orthopedics, six months of specialty
12 which is divided into two between surgery and
13 affiliated things -- so, for example, my residents
14 do vascular surgery, trauma surgery, plastic
15 surgery as their surgical components; as their
16 affiliated components, they do emergency room,
17 rehabilitation and musculoskeletal radiology.

18 That's changed over time. When I
19 was a resident, it was mostly a general surgery
20 internship, you know, so I rotated through vascular
21 surgery, surgical oncology, pediatric surgery,
22 things like that. And then the PGY-2 to PGY-5
23 year are rotations.

24 So the residency I run is structured

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1 science and then the second two years are clinical,
2 and so the third year tends to be core rotations,
3 general surgery, medicine, pediatrics, psychiatry,
4 OB-gyny, that has changed to some extent over
5 time.

6 And then the fourth year tended to
7 be month-long rotations of subspecialty, so, for
8 example, I did orthopedics early on because I was
9 going to go into orthopedics and you need to have
10 had experience with orthopedics to apply through
11 the whole process.

12 Other things that I did were
13 intensive care unit, neurology, things like that.
14 Like, again, I can't remember specifics. That's
15 changed a little bit in -- so I've been very
16 involved in education, I've been on the Council of
17 Education of the American Academy of Orthopaedic
18 Surgery, I sit on the Curriculum Committee at the
19 University, and so I was implemental -- I redesigned
20 the fourth year for this school. So now we do
21 tracks, sort of akin to concentrations in college.
22 So we have three tracks for medical students now,
23 one track is surgical, one track is nonsurgical,
24 and one is hospital based, so that would be

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1 that you tend to repeat rotations from the PGY-2
2 year again in the four or five year so you work on
3 trauma as a junior and a senior, you work on joints
4 as a junior and senior. Some subspecialties, you'll
5 only touch on during the fourth year like sports
6 and pediatrics tends to be smattered throughout,
7 but you're going through rotations both as a junior
8 and senior to get a different experience. We had a
9 similar structure when I was a resident, but, again,
10 that's -- you know, I can't give you specific
11 rotations.

12 Q. Okay. So specific to dislocations, what
13 sort of specialized training did you get in order
14 to be able to treat those during your residency?

15 A. That's integral to orthopedics, fractures
16 and dislocations, we're taking care of that every
17 single day throughout the entire training and for
18 our practice, that is what we're dealing with, is
19 fractures and dislocations.

20 Q. Okay. Prior to your residency in med
21 school, did you have any sort of experience with
22 dislocations?

23 A. Specifically dislocations -- so when you
24 go through med school, the first two years are basic

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1 radiology, emergency room, heme, things like that,
2 so --

3 Q. Okay. Your specific experience.

4 A. I rotated in orthopedics and if I saw a
5 dislocation, I can't remember, but that's -- it's
6 -- dislocations is something we take care of every
7 single day, that's what we do.

8 Q. Okay. I guess I'm trying to understand
9 if prior to your experience and residency in any of
10 those rotations you had experience with
11 dislocations?

12 A. I'm sure I did.

13 Q. Okay. Can you walk me through your
14 typical process for diagnosing a patient?

15 A. With what?

16 Q. When you walk into a room, you don't --
17 what is the first thing you do with your patient?

18 A. Introduce myself.

19 Q. Okay. What's the second thing you do?

20 A. So it's -- you're going to take a history,
21 you're going to do a physical examination and you're
22 going to order corresponding supporting studies
23 whether that be blood work or imaging.

24 Q. Okay. Is that process different depending

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1 on what the complaint is from the patient?

2 A. You're always going to start with a
3 history and then you're going to do a physical
4 examination to support that and then you're going
5 to get supporting data through imaging. The only
6 time it would be different -- and I'm not being
7 flippant -- is if the patient's unconscious when I
8 can't take a history, for example, when I take care
9 of trauma patients, then I start with the physical
10 and imaging.

11 Q. Okay. So how about if you are examining
12 a patient that has complained about a dislocation,
13 what -- do you then take a physical examination of
14 the patient?

15 A. Yes.

16 Q. Right away?

17 A. Yes.

18 Q. And then what is your next step after
19 physical examination?

20 A. If I'm suspecting a dislocation, it would
21 be imaging and I would take an X-ray.

22 Q. Do you take the X-rays on-site here?

23 A. Yes.

24 Q. And are you able to read them right away

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1 or do you have to wait for the results to come back,
2 how does that work?

3 A. I see them right away.

4 Q. Is there a computer monitor?

5 A. It's a PACS System, P-A-C-S. So it's
6 X-rays taken, it's immediately sent back to -- as
7 soon as the image is available in the system, it's
8 available for me to view on a computer that's
9 designated for X-rays in our office.

10 Q. And then when you see the image and
11 you've identified a dislocation, what happens
12 next?

13 A. It depends on what kind of dislocation
14 it is, it depends on the joint, it depends on the
15 severity where it's something that we'll attempt a
16 closed reduction in the office or it needs a closed
17 reduction in the operating room or it will need an
18 open reduction.

19 Q. What's the difference between a closed
20 reduction and open reduction?

21 A. An open reduction, you're cutting the
22 skin and getting down to the joint and manipulate
23 it directly; where in a closed reduction, you're
24 manipulating by moving the extremity without cutting

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1 the skin.

2 Q. If you determine that a closed reduction
3 is needed without surgery, what is your next step?

4 A. It depends on what joint we're talking
5 about.

6 Q. Okay. If it was a finger.

7 A. We would locally anesthetize the finger
8 and attempt a reduction.

9 Q. And that would be shortly after
10 diagnosing?

11 A. Yes.

12 Q. Okay. And what about for -- you said
13 there was a closed reduction with surgery or --

14 A. So, for example, let's say it's a shoulder
15 dislocation. You know a shoulder dislocation, you
16 can't just anesthetize locally, you can you can
17 inject a joint with fluid, with lidocaine or
18 Marcaine; but oftentimes if it's someone who is
19 very muscular, that will be difficult, so you can
20 try sedation which would be something we would do
21 in the emergency room rather than in the office.

22 But if I still can't get in with
23 sedation, I need him more relaxed and he'll have to
24 undergo general anesthesia so he has no muscle tone

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1 so I can overpower him; because, basically, I have
2 to be stronger than him to get it in. And I cheat
3 a little bit by just tiring instead of jerking or
4 pulling, but still in someone who is very, very
5 muscular or depends on how it's been dislocated,
6 I may need this person to be anesthetized and
7 that would be a closed reduction in the operating
8 room.

9 Q. Okay. And so then the third option, the
10 open reduction, can you walk us through that?

11 A. If I still -- if you still can't get it
12 in, you'd have to think that either, one, it's just
13 not possible to reduce it closed because of how
14 tight it is or that there's interposed tissue. For
15 example, something that's common in the hand would
16 be that some tissue gets interposed where no matter
17 how much I pull, there's something stuck in the
18 joint that needs to be extracted so I can reduce it
19 and that would need to be extracted so I can reduce
20 it, and that would need to be done in an open
21 fashion.

22 Q. Okay. How many times have you performed
23 surgery over your career, if you could estimate?

24 A. 10,000 times, 12,000 times.

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1 Q. And under what circumstances -- is surgery
2 typically a last resort for you?

3 A. No.

4 Q. No?

5 A. It depends, again, on the injury. Some
6 injuries require surgery -- forgive me, the question
7 is a little bit vague.

8 Q. No, that's totally fair. I guess I'm
9 trying to figure out if there was an alternative
10 option to surgery and both options could come to
11 the same result, would you choose the nonsurgical
12 option over the surgical option?

13 A. Absolutely, if they're equivalent.

14 Q. Okay.

15 A. Obviously, nonsurgical is always
16 preferred. But when you say "last resort", some
17 things by face value, this needs surgery, it's
18 impossible to treat this closed effectively or the
19 results closed will be substandard. An example,
20 a displaced fracture of the forearm, both bones in
21 the forearm are broken in an adult, has to be
22 treated with surgery. You can treat it in a cast
23 if you can manage to line it up, but it would have
24 to be in a cast so long that they would get

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1 is an inmate have any sort of effect on your
2 treatment plan?

3 A. Absolutely not.

4 Q. Okay. Do you feel like your treatment
5 plans for inmates are generally followed?

6 MR. MARUNA: Objection, form, vague.

7 THE WITNESS: What do you mean specifically?

8 MS. SANFELIPPO: Q. So if you recommend a
9 treatment for an inmate, do you feel more often
10 than not that the follow-up treatment is done for
11 the inmate?

12 MR. MARUNA: Same objections.

13 MR. PERERA: Join.

14 THE WITNESS: A. It depends what we're talking
15 about. For example, I do have a perception,
16 although I could not quantify it, that it's more
17 difficult for me to get occupational therapy or
18 physical therapy for my prisoner patients than for
19 patients who can go to therapy themselves. That is
20 my impression, but I couldn't quantify that.

21 MS. SANFELIPPO: Q. Are you familiar with the
22 inmate Wendell Weaver?

23 A. Just from this chart, I don't have a
24 strong independent recollection.

Page 19

1 stiffness. So that's -- the phrase is it's a
2 fracture of necessity, I see the X-ray, I know I
3 have to do surgery.

4 Q. Okay. How many interactions do you have
5 with IDOC inmates?

6 A. That's -- you know, that's -- I would say
7 probably between 100 -- 100 and 200 a year, you
8 know, it's generally a couple a week.

9 Q. And how do you come to see these inmates?

10 A. They come to the clinic.

11 Q. They come to the clinic. Is it -- are
12 you the person that schedules their appointments?

13 A. No.

14 Q. Do you know who does?

15 A. The scheduling desk.

16 Q. Okay. How does the -- do you have any
17 knowledge as to how the clinic interacts with the
18 prisons?

19 A. Not initially. The only time -- so once
20 a patient is seeing me, I will recommend how
21 frequently they need to see them -- when I see them
22 next, but I'm not scheduling for someone coming in
23 to see me.

24 Q. Okay, okay. Does the fact that someone

Page 21

1 Q. Based on your independent recollection,
2 could you tell us the last time you saw him or
3 not?

4 A. No, not without looking at the chart.

5 MS. SANFELIPPO: Okay, no problem. So I want
6 to hand you what I will mark as Exhibit 2.

7 (Deposition Exhibit Number 2 was
8 marked for identification as
9 requested.)

10 MS. SANFELIPPO: Q. I'm going to hand you
11 what's marked as Exhibit 2. Is this -- looking at
12 page 160 --

13 A. Yes.

14 Q. Okay -- is this a note that you prepared
15 based on a visit that Wendell Weaver had with you?

16 A. Yes. When you say -- this is, I see --
17 I see everyone, I examine everyone, I see them with
18 residents and then the resident dictates the note,
19 but then I sign the note.

20 This note was written by Chris
21 Patel, who currently is a PGY-5. He's actually our
22 education chief resident, he's a very good
23 resident. But then I go over this note and make
24 sure it's -- I agree with the body of it, but he

<p style="text-align: right;">Page 22</p> <p>1 dictated it.</p> <p>2 Q. Okay. And -- but you were the attending?</p> <p>3 A. I am the attending.</p> <p>4 Q. Okay. Is this the document that either</p> <p>5 UIC or you on behalf of UIC would ordinarily and</p> <p>6 regularly maintain in the usual course of providing</p> <p>7 medical treatment to a patient?</p> <p>8 A. The medical record stays with the</p> <p>9 University, yes.</p> <p>10 Q. Okay. Is this true for all your</p> <p>11 orthopedic notes?</p> <p>12 A. What?</p> <p>13 Q. That you create a note like this.</p> <p>14 A. Well, I work at the University of</p> <p>15 Illinois, I also have -- work with residents at</p> <p>16 Weiss and I also work at NorthShore University.</p> <p>17 So there is always a note in the electronic record,</p> <p>18 but they're not always the same. For example, This</p> <p>19 system is Cerner, NorthShore uses EPIC, so they're</p> <p>20 not exactly the same.</p> <p>21 Q. So specific to UIC?</p> <p>22 A. Yes.</p> <p>23 Q. Okay. Generally, are these notes</p> <p>24 generally created at or around the time of the visit</p>	<p style="text-align: right;">Page 23</p> <p>1 with the patient?</p> <p>2 A. Usually the same day as the visit.</p> <p>3 Q. And do they generally contain all of the</p> <p>4 observations made during the patient visit?</p> <p>5 A. If that's -- that's difficult to say.</p> <p>6 They contain pertinent data, all the observations</p> <p>7 is -- that would be --</p> <p>8 Q. Very long?</p> <p>9 A. -- like the rise and fall of Rome.</p> <p>10 Q. Okay. So when it says "signed</p> <p>11 information" at the top and your name -- I'm looking</p> <p>12 on 160, "signed information, Mejia, Alfonso"?</p> <p>13 A. Yeah.</p> <p>14 Q. So that's your verification of the</p> <p>15 contents that you agree with --</p> <p>16 A. Yes.</p> <p>17 Q. Okay, perfect. So looking at this, this</p> <p>18 visit was on March 30th of 2017. Do you recall how</p> <p>19 Mr. Weaver came to see you on this date?</p> <p>20 A. No.</p> <p>21 Q. Okay. Would it help if I gave you a</p> <p>22 minute to look over the report?</p> <p>23 A. I don't understand the question how he</p> <p>24 came to see me. Like I said, I don't schedule</p>
<p style="text-align: right;">Page 24</p> <p>1 patients, and so basically he would appear on my</p> <p>2 schedule and I see everyone on the schedule, but</p> <p>3 I don't initiate his coming to the clinic.</p> <p>4 Q. Okay. Can you tell me about the</p> <p>5 examination of Mr. Weaver on March 30th with respect</p> <p>6 to his left pinky finger?</p> <p>7 A. So his left small finger was tender, both</p> <p>8 at the tip and middle of it. The DIP joint is the</p> <p>9 tip -- closest to the tip and the PIP joint is the</p> <p>10 joint in the middle. He had at the DIP about 30</p> <p>11 degrees of motion and the PIP was stuck in flexion</p> <p>12 about 20 degrees, but had almost no motion. His</p> <p>13 sensation was intact and there was good blood flow</p> <p>14 to the finger.</p> <p>15 Q. Okay. And did he report to you that</p> <p>16 there was previously a dislocation at the PIP</p> <p>17 joint?</p> <p>18 A. He said he had sustained it during</p> <p>19 basketball.</p> <p>20 Q. Okay. So in the surgical history note,</p> <p>21 is that something that you rely on the patient to</p> <p>22 share with you or do you get that information from</p> <p>23 somewhere else?</p> <p>24 A. You said surgical history note?</p>	<p style="text-align: right;">Page 25</p> <p>1 Q. I'm looking at the bottom of 160, it says</p> <p>2 "past surgical history".</p> <p>3 A. Yes, we rely on the patient.</p> <p>4 Q. Okay. Does this type -- does the</p> <p>5 dislocation of the PIP joint in your experience</p> <p>6 always require or often require surgery to repair?</p> <p>7 A. Almost nothing in medicine is always. As</p> <p>8 far as how often it requires repair, I would say a</p> <p>9 significant number require surgery.</p> <p>10 Q. Okay.</p> <p>11 A. By the way, where it says "past surgical</p> <p>12 history", there's a typo, it says "left small finger</p> <p>13 DIP reduction repair", that's PIP, so that's a typo,</p> <p>14 that should be PIP instead of DIP.</p> <p>15 Q. Okay. How often have you performed this</p> <p>16 procedure, the PIP reduction and repair?</p> <p>17 A. I don't know, I probably do -- they come</p> <p>18 in waves. Probably do like half a dozen a year, so</p> <p>19 probably -- over the course of my career, probably</p> <p>20 about 120, something like that. That's a rough</p> <p>21 estimate.</p> <p>22 Q. Okay. And how often have you seen a</p> <p>23 dislocation of this nature?</p> <p>24 A. Probably three times that, you know.</p>

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1 Q. Three times that, okay.

2 A. Yeah.

3 Q. So it looks like on the next page there
4 was also a note about imaging towards the bottom of
5 161?

6 A. Yes.

7 Q. So is it fair to say that the X-rays were
8 taken on this date, 3-30?

9 A. Yes.

10 Q. Okay. Did you review the X-rays?

11 A. Yes.

12 Q. Can you tell us about your observations?

13 A. So there was arthritis of the PIP joint,
14 there were some suture anchors in place in the base
15 of the middle phalanx and this note says it's
16 malunion of the volar plate as appreciated, but
17 malunion would imply that it's a fracture and I
18 think that there can be some overgrowth of bone
19 there. I did take a look at his X-rays just so I
20 could refresh my mind, I saw the X-ray from this
21 date earlier today.

22 Q. Okay. And so can we -- can you explain
23 "suture anchor" to me?

24 A. So sometimes you want to anchor a soft

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1 tissue to a bone whether it be to a volar plate
2 like this nature or a ligament, and there's small
3 screws that you can screw into the bone that have
4 an eyelet at the trailing end and have suture that
5 then you can use to attach soft tissue to the
6 bone.

7 Q. Okay. And is it common that you need to
8 use those suture anchors in fingers?

9 A. Well, you said "need to". There's a lot
10 of different ways to do things.

11 Q. Okay.

12 A. So there's advantages and disadvantages
13 to everything. I tend to -- I don't do this surgery
14 with suture anchors. That's not because there's
15 something wrong with a suture anchor, but it's my
16 preference -- because he does have two suture
17 anchors, by the way, and they're small. And that
18 is a small amount of real estate and you can
19 actually fracture into the joint or fracture a
20 bone. So I prefer to drill with a needle and
21 attach through the bone on top, tying it on top.
22 So it's a similar mechanism, but I don't use suture
23 anchors for this, I do do them routinely for other
24 things.

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1 Q. Okay. Can you explain the malunion, you
2 said that might be a reference to bony material?

3 A. So when you look at the joint, you know,
4 joints should lie like spoons in a drawer, nestled.
5 And when you look at the middle phalanx which is
6 the middle bone in the finger closer to the tip as
7 far as this joint -- excuse me.

8 (After a brief interruption, the
9 deposition was resumed as follows:)

10 THE WITNESS: A. so the middle phalanx is
11 closer to the PIP and the proximal phalanx is up
12 on the other side of the joint. The proximal
13 phalanx is sort of like the end of a sphere and
14 that's cupped by the base of the middle phalanx.
15 If you look at his X-ray from that day, this seems
16 to be opened up more, it's more flattened, the
17 curvature is a little bit less deep and that can be
18 from the way it's healing, the injury or just that
19 he grew a little extra bone spur that makes it look
20 like that.

21 MS. SANFELIPPO: Q. Okay. And what were your
22 conclusions from your reading of the image?

23 A. Well, the principle thing I'm looking
24 for on the image is to see if the joint is reduced,

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1 which it is. One reason he can have stiffness is if
2 the joint is not reduced. If it's not reduced, it's
3 going to be stepped off and then he can't glide
4 around, he'll hinge, so that leads to a lot of
5 stiffness. So I was trying to see if that was the
6 problem. If that was the problem, that's something
7 we can try to address. If that is not the problem
8 and he's as stiff as he is, there's some releases we
9 can do, but it's unlikely he's going to get much
10 motion in his joint.

11 Q. Okay. Can you tell me what your diagnosis
12 was on this visit?

13 A. So for the left small finger, he was
14 status post dislocation with some arthritis and a
15 stiff -- post-traumatic stiffness. So we discussed
16 with him that he really had two options, he can try
17 some therapy to see if that would improve motion or
18 we felt the most reliable thing as far as if he had
19 a lot of pain would be to fuse it. Fusing does two
20 things, one, if he's having pain when it's attempted
21 to move, it can take that away, and also it can
22 place it in a more functional position.

23 If I recall his X-ray, he's pretty
24 extended, he's pretty straight and that's not a

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1 great position for fusion or for stiffness of that
2 finger. We tend to put in a little bit of arc, you
3 know, your resting posture is an arcade. So
4 starting from the index finger and working your way
5 to the small finger, if you do fuse it, you place
6 it in increasing amounts of flexion because that
7 reproduces more of a normal grip.

8 Q. Okay. Can you walk me through what
9 observations factored into your diagnosis of
10 post-traumatic arthritis?

11 A. The way the X-ray looked. You'll have
12 some degree of loss of joint space coupled with the
13 fact that we know he had a dislocation.

14 Q. Any other observations?

15 A. Not really.

16 Q. Okay. How common is it for a 42-year-old
17 to have that form of arthritis in his finger?

18 A. Age has nothing to do with this, this is
19 post-traumatic, so it has to do with his injury,
20 it's not degenerative joint disease --

21 Q. Okay.

22 A. -- which is wear-and-tear arthritis of
23 old age.

24 Q. Is it common for people to have that sort

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1 of arthritis after a trauma?

2 A. Anytime you have an injury to a joint,
3 you can have arthritis and that's variable and
4 sometimes it's symptomatic and sometimes it's not.
5 Q. Can you explain that?

6 A. For example, if you look at distal radius
7 fractures, fractures of the wrist, oftentimes they
8 go into the joint. When a fracture goes into the
9 joint, it will disrupt the cartilage and so
10 oftentimes it's -- even if it's relatively well
11 aligned on X-ray, there can be a little bit of
12 unevenness, the cartilage will wear unevenly which
13 is what arthritis is.

14 But in the wrist, even though a large
15 number of people -- and the fingers to some extent
16 would be the same -- a large number of people can
17 have changes you can see on X-ray, they're not
18 necessarily painful. Certainly not as much as they
19 would be in a knee or hip because these are weight-
20 bearing joints.

21 Q. Okay. So, ultimately, I believe was it
22 Mr. Weaver that chose to proceed with therapy?

23 A. I think we've been focusing on his left
24 small finger, but I think he had -- his right index

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1 finger was bothering him, so we proceeded with
2 focusing on treating that because that was a more
3 addressable problem.

4 Q. There was a cyst on the right finger --

5 A. Yes.

6 Q. -- correct. And I believe you removed
7 it?

8 A. Yes.

9 MS. SANFELIPPO: Okay. Then why don't we move
10 on to the next -- I'm going to hand you what I'll
11 ask the Court Reporter to mark as Exhibit 3.

12 (Deposition Exhibit Number 3 was
13 marked for identification as
14 requested.)

15 MS. SANFELIPPO: Q. Okay. Should be page
16 152.

17 A. Uh-huh.

18 Q. Okay. Is this -- is this an orthopedic
19 note prepared based on a visit that Wendell Weaver
20 had with you on December 14th of 2017?

21 A. Yes.

22 Q. Okay. Can you tell me about your
23 examination of Mr. Weaver on this date?

24 A. Well, he was here mostly for a post-op

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1 for having the index finger mass excision and that
2 was doing well. As far as his left small finger,
3 we felt that he had arthritis, it was unlikely we
4 could increase his motion and we recommended a
5 fusion and he didn't want to do that. So we gave
6 him a follow-up as-needed appointment as far as the
7 fusion.

8 Q. I'm sorry, what page are you looking at?

9 A. 153.

10 Q. Okay. And there's also a note for
11 imaging. Do you know if new X-rays were taken on
12 this date or did you review old ones?

13 A. This sounds like it's the old ones.

14 Q. Okay. So why did you -- can we go over
15 what caused you to suggest that treatment plan on
16 this date?

17 A. As far as fusion?

18 Q. Yes.

19 A. He has arthritis of his joint and the PIP
20 joint doesn't do well as far as -- if the complaint
21 is stiffness, for some joints, you can do some
22 releases, you can release scar tissue, you can
23 release capsule. That's true of the neighboring
24 joint, the MCP joint which is the knuckle joint,

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1 that does very well with that, the PIP doesn't.
 2 So if he doesn't have motion, he has
 3 a painful joint and we can't improve motion, the way
 4 to get rid of that pain would be to fuse it in a
 5 more functional position.
 6 Q. Okay. Then I just want to make sure
 7 there's nothing else that I want to ask you on this
 8 page.
 9 Is there anything in your notes to
 10 suggest that there was a change in his condition
 11 between this date and the last note that we just
 12 discussed, that was about nine months older?
 13 A. As far as his finger?
 14 Q. Yes.
 15 A. No, I don't think so.
 16 MS. SANFELIPPO: Okay. Okay. Then I'm going
 17 to move on to the next one. I'm going to ask the
 18 Court Reporter to mark this as Exhibit 4.
 19 (Deposition Exhibit Number 4 was
 20 marked for identification as
 21 requested.)
 22 MS. SANFELIPPO: Q. Okay. This should be page
 23 144. Starting off, is this an orthopedic note that
 24 you prepared based on a visit with Wendell Weaver

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1 examination of Mr. Weaver on this date?
 2 A. So he still had a very stiff finger. He
 3 had good motion at the knuckle, the MCP joint, but
 4 he doesn't have very good motion and we discussed --
 5 he was still having pain and stiffness and certainly
 6 a stiff joint is a painful joint. We had talked
 7 about therapy, we had talked about fusion. He
 8 didn't want those. He wanted to try to attempt to
 9 obtain some motion, so we talked about attempting
 10 the capsular release and tenolysis or freeing up
 11 the tendons surrounding. But we explained to him
 12 that the amount of motion gained might be so limited
 13 that we might need to proceed with articular fusion.
 14 So certainly the most reliable thing for him would
 15 be a fusion and that's what we discussed several
 16 times.
 17 Q. Okay.
 18 A. But, obviously, he has autonomy, if he
 19 doesn't want to have a fusion and he wants to try
 20 something short of that, we can try the tenolysis,
 21 but we discussed with him that he'll be lucky if he
 22 gets a lot of motion here.
 23 Q. Okay. Going back to the observations,
 24 the physical examination section, you noted mild

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1 on November 1st of 2018?
 2 A. No, this is a nursing note.
 3 Q. Oh, I'm sorry. Can you flip to page 146,
 4 it's in that packet that I handed you.
 5 MR. MARUNA: I don't think you've got 144 and
 6 145.
 7 MS. SANFELIPPO: I'm not sure why she made the
 8 copies this way. Okay -- so you have 144, 145,
 9 here's 146, 147, 148. And here's these as well.
 10 So that should be -- so that should be all part of
 11 the same exhibit.
 12 THE WITNESS: Okay.
 13 MS. SANFELIPPO: It should be one, two, three,
 14 four, five pages.
 15 MR. STALEY: So 43 through 48?
 16 MS. SANFELIPPO: No, actually, 43 will be
 17 another exhibit.
 18 MR. MARUNA: Okay, 144 through 148 is Exhibit
 19 4?
 20 MS. SANFELIPPO: Yes.
 21 Q. So if you could look at page 146. Is
 22 this your orthopedic note?
 23 A. Yes.
 24 Q. Okay. Can you tell me about your

Page 37

1 swelling over the MCP joint on the left finger,
 2 page 147.
 3 A. Uh-huh.
 4 Q. Can you explain that?
 5 A. He has -- the rest of the finger is stiff,
 6 this joint may take up more stress than usual than
 7 a normal hand.
 8 Q. Okay. Just so to explain it in laymen's
 9 terms, because one joint can't do much, the other
 10 one is overcompensating, is that fair?
 11 A. To some extent.
 12 Q. Okay. And then did the rest of the
 13 physical examination change much from the last
 14 time you had seen him about a year prior to your
 15 knowledge?
 16 A. It doesn't seem so. The tip of his finger
 17 seems more stiff than previously, so I think the
 18 finger is stiffer than it was before.
 19 Q. All right. What about the range of
 20 motion, what did you observe?
 21 A. The range of motion, that's what I mean
 22 by stiffer, the range of motion is less and that's
 23 what means he's stiffer.
 24 Q. So what was your diagnosis on this date?

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1 A. He has degenerative changes and post-
 2 traumatic stiffness after a finger dislocation.
 3 Q. Okay. So that was the same as it was
 4 previously or did it change at all?
 5 A. No, it's the same.
 6 Q. Okay. I don't believe there was any
 7 images reviewed at this session with Mr. Weaver, so
 8 can you just summarize for me what observations
 9 factored into the diagnosis?
 10 A. Well, we know his history, we know he
 11 dislocated his finger. It's been stiff now for
 12 years, so we've offered him fusion and he doesn't
 13 want fusion, but he continues to say it's painful,
 14 so we're offering an attempt at loosening it up,
 15 although it's not likely to be that effective.
 16 Q. Okay. So you did ultimately, though,
 17 schedule a surgery for Mr. Weaver?
 18 A. It was attempted to schedule it says here,
 19 I'm not sure if we were -- I'm not sure why it says
 20 "tentative". Tentative date is December 7th
 21 scheduled for day of surgery.
 22 MS. SANFELIPPO: Okay. I think we're all set
 23 with that exhibit then. I accidentally already
 24 gave you the last one, it's 143 -- it should be

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1 or what sort of on-site treatment Mr. Weaver was to
 2 receive?
 3 A. No.
 4 Q. Okay. Were you contacted directly about
 5 the fact that the surgery was scheduled -- that you
 6 had scheduled was cancelled?
 7 A. They would have -- it would have appeared
 8 on surgical scheduling as him being cancelled, but
 9 I did not see this particular sentence before.
 10 Q. Okay. Can you recall any other instances
 11 of inmates that you had scheduled to undergo
 12 surgery, that that surgery had subsequently been
 13 cancelled?
 14 A. Yes.
 15 Q. Do you know about how many?
 16 A. No.
 17 Q. Okay. Did you at the end of all of your
 18 treatments with Mr. Weaver send copies of your notes
 19 back with him to the prison?
 20 A. There's a form that comes with them that
 21 we fill out as far as what our intentions and plan
 22 is. So, for example, from the previous visit, it
 23 would have been that we were planning on doing this
 24 particular surgery. It's a form that gets filled

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1 after the last page.
 2 THE WITNESS: I have 144, 145, 146, 147 and
 3 148.
 4 MR. STALEY: Is that the end of the last
 5 exhibit that starts with 146?
 6 MS. SANFELIPPO: Do you guys have --
 7 MR. MARUNA: Yeah, I have it.
 8 MS. SANFELIPPO: So she can just mark it as an
 9 exhibit.
 10 (Deposition Exhibit Numbers 5 and 6
 11 were marked for identification as
 12 requested.)
 13 MS. SANFELIPPO: Q. Okay. Now, I know this
 14 isn't your note exactly, it's an RN note, but are
 15 you familiar with this document at all?
 16 A. I've never seen this specifically, but
 17 I can tell what it is, Lorna is our surgical
 18 scheduler.
 19 Q. Okay. And what does the note say?
 20 A. "This writer received a message from
 21 Stateville stating that the capsular release is
 22 denied for this patient, to please cancel the
 23 surgery. He would be treated on-site."
 24 Q. Do you have any knowledge as to whether

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1 out and then handed back to them and the guards
 2 take it back.
 3 Q. Okay. So, ultimately, did you -- I know
 4 that we talked about patient autonomy and Mr. Weaver
 5 was not interested in having his finger fused, but
 6 would you have proceeded with the release had there
 7 been no way it would help him in any way?
 8 MR. MARUNA: Objection, form of the question,
 9 vague.
 10 THE WITNESS: A. So as we discussed in the
 11 note, the expectation of gains here is pretty
 12 limited for capsular release, especially for a
 13 small finger. This is a bad joint as far as doing
 14 a capsular release and it's a bad finger. When we
 15 have rest every day, the small finger is in a
 16 pre-flexed posture, you're not moving it, it's easy
 17 to bypass it.
 18 So, for example, I would be -- the
 19 PIP is always going to be a problem. I was more
 20 confident that he's going to get significant motion
 21 of an index finger, it's easier to focus on using
 22 that and manipulating it than the pinky that it
 23 really to some extent sort of like be ignored in
 24 most manipulation. So expectations for me for a

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1 capsular release with him were pretty limited.

2 MS. SANFELIPPO: Okay. Then I think I'm all
3 done with my questions, if anyone else has any.

4 MR. MARUNA: Yeah, I'm going to have just --
5 actually when I say a few, I actually do mean a few
6 for the first time in my life.

7 I introduced myself earlier, I
8 represent the late Dr. Obasi and Dr. Martija in
9 this case. Thank you for your time again today,
10 Doctor.

11 EXAMINATION

12 BY MR. MARUNA:

13 Q. You used the term post-traumatic
14 arthritis. I just want to be clear, what causes
15 post-traumatic arthritis in a finger dislocation?

16 A. It can be any number of things, it can be
17 the initial injury, it can be a step-off if there's
18 a fracture associated with it, it can be
19 inflammation or infection if it's an open
20 dislocation.

21 Q. And the idea is once that occurs, then
22 you're going to develop some sort of arthritis in
23 the joint, correct?

24 A. Once what occurs?

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1 Specifically with a prisoner, when they come in, if
2 we are getting new X-rays, the guards escort them
3 over.

4 Q. My point is, I guess, as the physician
5 ordering the imaging, you don't actually carry out
6 the logistics of securing the image, someone else
7 down the line in the medical system here at UIC
8 does that, correct?

9 A. For the most part. So if I'm ordering a
10 formal X-ray, yes. We also have a fluoroscan in
11 our office which, obviously, we have it because
12 we're orthopedics and most offices wouldn't. In
13 the fluoroscan, I am taking the image myself.

14 Q. Let's assume a regular plain X-ray of a
15 finger, for example.

16 A. I'm ordering it and they're going to
17 X-ray, and I'm not putting them in the machine.

18 Q. And your expectation then as the doctor
19 would be that your order is carried out, correct?

20 A. Yes.

21 Q. And if there's something wrong with
22 securing that X-ray, you would expect someone to
23 notify you there was a problem, correct?

24 A. Yes.

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1 Q. Sure. Once there's trauma to the joint,
2 there's going to be development of post-traumatic
3 arthritis, correct?

4 A. Not always. It's certainly more
5 frequently once you've had injury, but not everyone
6 who has a dislocation is going to get arthritis.

7 Q. This patient, though, does demonstrate
8 post-traumatic arthritis, correct?

9 A. Yes.

10 Q. It's not degenerative arthritis or DJD,
11 correct?

12 A. That's correct.

13 Q. Now, I just want to be clear on a couple
14 questions here. These may seem very basic, so just
15 bear with me here.

16 We discussed X-rays inside the
17 hospital. When you as the orthopedic surgeon put
18 an order in for an X-ray, do you wheel the patient
19 down to imaging and stick him in the X-ray
20 machine?

21 A. No.

22 Q. Does someone else do that?

23 A. Most of my patients are ambulatory, so
24 no one is being wheeled, they're walking over.

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1 Q. You don't walk down to the X-ray and say,
2 hey, guys, did you X-ray Patient Smith today, do
3 you?

4 A. The way you phrased the question, if I'm
5 in the clinic and I just sent you to X-ray and you
6 haven't come back, I will go over and ask what's
7 the problem, why haven't you returned to my office.
8 Because I'm sending you to X-ray -- I'm sending you
9 to X-ray one of two ways, I'm sending you to X-ray
10 and you need to return so I can see the X-ray that
11 way, or I'm sending you for X-rays on the way out,
12 and that means you're going to X-ray and then you're
13 leaving.

14 So, for example, if I'm treating
15 some kind of wear-and-tear arthritis and I want --
16 I've decided to do surgery, we're going to do
17 surgery regardless, but I want new X-rays for the
18 surgical date, I might complete the surgical packet,
19 send you to X-ray to get X-rays on the way out that
20 then will be available for me in the computer on
21 the day of surgery. But if I'm treating a fracture,
22 generally I'm sending you to X-ray and waiting for
23 you to come back. If you don't come back, then I'll
24 go find out what happened because sometimes people

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1 have misunderstood and left from X-ray.
 2 Q. But the expectation is when you put in
 3 an order for an X-ray, you expect the people in
 4 the imaging department to provide that X-ray,
 5 correct?
 6 A. Yes.
 7 Q. And I also want to ask about medications
 8 as well.
 9 When you place an order for a
 10 medication for a patient, let's assume they're
 11 in-patient in this case, that they're in the
 12 hospital, do you physically hand the medication to
 13 the patient or does someone in the pharmacy or
 14 medical technician handle that?
 15 A. I don't give anyone medication directly.
 16 Q. And, again, your expectation would be when
 17 you put in a medical order, that it's carried out,
 18 correct?
 19 A. Yes.
 20 MR. MARUNA: Nothing further. Thank you for
 21 your time.
 22 MR. STALEY: I just have this one question.
 23
 24

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1 EXAMINATION
 2 BY MR. STALEY:
 3 Q. The capsular release that was -- surgery
 4 that was scheduled, that wasn't a medically
 5 necessary treatment, was it?
 6 A. Well, if it wasn't medically necessary,
 7 we wouldn't do anything. We're giving him an
 8 option like we talked about, he's having pain, he
 9 wants more motion, we can't really resolve these
 10 two because of this, so I do think it is medically
 11 necessary.
 12 Q. There were alternative treatments
 13 available that you could have done, though?
 14 A. The fusion.
 15 MR. STALEY: All right. Nothing further.
 16 MR. PERERA: No questions.
 17 MS. SANFELIPPO: Thank you very much, Doctor.
 18 THE WITNESS: Waive signature.
 19 * * * * *
 20
 21
 22
 23
 24

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1 STATE OF ILLINOIS)
 2) SS
 3 COUNTY OF COOK)
 4 I, PATRICIA S. MANN, CSR, RPR, a certified
 5 shorthand reporter in the State of Illinois, do
 6 hereby certify that ALFONSO MEJIA, M.D., was by me
 7 first duly sworn to testify to the truth, and that
 8 the above matter was recorded stenographically by me
 9 and reduced to writing by me.
 10 I FURTHER CERTIFY that the foregoing transcript
 11 of the said matter is a true, correct and complete
 12 transcript of the testimony given by the said
 13 witness at the time and place specified herein
 14 before.
 15 I FURTHER CERTIFY that I am not a relative or
 16 employee of any of the parties, nor a relative or
 17 employee of the attorneys of record or financially
 18 interested directly or indirectly in this action.
 19 IN WITNESS WHEREOF, I have hereunto set my hand
 20 and affixed my seal of office at Chicago, Illinois,
 21 this 20th day of April, 2019.

22 *Patricia S. Mann*
 23 Certified Shorthand Reporter
 24 License No. 084-001853



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PRESENTATIONS

Edit

Alfonso Mejia, Gautam Malhotra, James Heaberlin, Mohammed Saad Malik,
Sapan H. Shah, Dan Rybalko. Local Flaps of the Hand. AAOS Orthopaedic Video
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Trigger Finger Injection: A Double Blinded, Randomized Clinical Trial

Kush P, Kyle McGillis, Mejia A
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Anatomical MRI Study of the Radial Nerve Aranda C, Wang O, Moretti V, Mejia, A, Mason B National Medical Association Annual Meeting Detroit MI August 1 2015

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Assessment of Tendon Graft Rings for A2 and A4 Hand Pulley Reconstruction Soullii L, Gonzalez M, Mejia A, Amirouche F, Solitro GF, Weisburger M

Podium Presentation
ASSH 70th Annual Meeting
Seattle, WA
September 11, 2015

Total Knee Arthroplasty in the Medicaid Population
Mossad D, Schwartz B, Schwartz A, Moretti V and and Mejia A
AAOS Annual Meeting
Las Vegas, Nevada

March 24-28, 2015

Orthopedics-Foot Disorders
Geriatric Updates and Board Review 2014
Mejia, A
University of Illinois at Chicago
Saturday October, 25, 2014

Carpal Disaster: Damage Control and Solutions Mejia, A
16th Annual Chicago Trauma Symposium Chicago, Illinois
September 4th, 2014

Sub-Acute Scapholunate Injuries: Reconstruction Mejia, A
16th Annual Chicago Trauma Symposium Chicago, Illinois
September 4th, 2014

Flexor and Extensor Tendon Injuries of the Hand
University of Illinois Orthopedic Surgery Residency Lecture Mejia, A
University of Illinois Wednesday July 23, 2014 Chicago, Illinois

Radiation Exposure to the Orthopaedic surgeon and Efficacy of a Novel
Radiation Attenuation Product. Mayekar E and Mejia A. Southern Orthopaedic
Association Annual Meeting Beaver Creek Colorado. July 19, 2014

Tendon Transfers for Radial Nerve Palsy Mejia, A. University of Illinois
Orthopedic Surgery Grand Rounds. April 26, 2014

Distribution and Growth of Orthopedic Residency Positions in the United States
Moretti V, Mejia A, Mid America Orthopedic Association 32nd Annual Meeting
San Antonio, Texas, April 23-27, 2014

Flexor Tendon Reconstruction: an Update A Mejia. University of Illinois
Orthopedic Surgery Grand Rounds April 5, 2014.

Informed Consent a Case-Based Perspective. University of Illinois Orthopedic
Surgery Residency Program, March 19, 2014.

Evaluation of A2 and A4 hand pulley reconstruction using tendon graft rings.
Amirouche F, Soulii L, Gonzalez M, Solitro G, Mejia A, Weisburger M.
OMTEC, Chicago, IL, 2013.

Metacarpal & Phalangeal Fractures-New Plating Techniques Mejia, A
15th Annual Chicago Trauma Symposium August 1, 2013.

Olecranon Fracture Fixation Mejia, A. 15th Annual Chicago Trauma Symposium
August 1, 2013.

Radial Head Replacement in Complex Radial Head Fractures Mejia, A
15th Annual Chicago Trauma Symposium. August 1, 2013.

The Effect on Pullout Strength after Reinsertion of Non Self Tapping Screws in

Synthetic Bone. Ozoude G, Amirouche F, Mejia A. University of Illinois Senior Resident Thesis Presentation. University of Illinois at Chicago. June 22, 2013

Best Practices: Patient Safety and Quality Improvement Education for Orthopedic Resident, Mejia A. Council of Orthopedic Residency Directors Meeting American Orthopedic Association Annual Meeting Denver, Colorado. June 15, 2013

Distal Radius Fractures. Mejia A. Iowa Orthopaedic Society Spring Meeting Des Moines, Iowa April 12, 2013

Culturally Competent Care an Orthopaedist's Responsibility Iowa Orthopaedic Society. Mejia A. Spring Meeting Des Moines, Iowa April 12, 2013

Advances in Treatment of Dupuytren's Disease and In Dermal Substitution Mejia A. Orthopaedic Technologist Association of Illinois Fall Meeting Chicago, Illinois. October 27, 2012

Culturally Competent Care: An Orthopedic Responsibility. Grand Rounds Mejia A. University of Arkansas Department of Orthopedic Surgery Little Rock, Arkansas. September 26, 2012

Biomechanics of the Boutonniere Deformity. Grau L, Baydoun H, Chen K, Gonzalez , Mejia A, Amirouche F Annual Meeting of ASSH, Chicago IL. September 2-8, 2012

Metacarpal & Phalangeal Fractures- Latest Techniques and Pearls. Alfonso Mejia 14th Annual Chicago Trauma Symposium August 2, 2012

Carpal Scaphoid Fractures-Key Concepts Mark Gonzalez & Alfonso Mejia 14th Annual Chicago Trauma Symposium, August 2, 2012

Triangular Fibrocartilage Injuries: Focus on Foveal Detachment Mejia A. University of Illinois at Chicago, Grand Rounds April 7, 2012

Deactivation of Image-Averaging Increases Clarity in Dynamic Fluoroscopy Smiresh Shah and Alfonso Mejia Combined Meeting of the American and Australian Hand Societies Kauai, Hawaii March 22-25, 2012

Lead Free Attenuation Garment Smiresh Shah and Alfonso Mejia Combined Meeting of the American and Australian Hand Societies Kauai, Hawaii March 22-25, 2012

Falls Across the Continuum of Palliative Care American Association of Hospice and Palliative Care Annual Meeting M Malec, S Levine, A Mejia. Denver, CO March 8, 2012

Effective Communication for All Your Patients Instructional Course, AAOS Annual Meeting McLaurin, Mejia, Bolanos, Peterson. San Francisco, CA February 9, 2012

Radiation Attenuation to Surgeon's Hands Mejia, A, Shah S, Chen K
Scientific Exhibit, AAOS Annual Meeting San Francisco, CA
February, 2012

Flexor Tendon Injuries A Mejia Orthopedic Surgery Grand Rounds, University of
Illinois at Chicago December 3, 2011

Distal Radio-Ulnar Joint Prosthesis for Painful Ulnar Impingement after Ulnar
Head Resection: An Initial Experience Mejia A. Chicago Hand Society Chicago,
Illinois January 19, 2011.

Musculoskeletal Trauma: A Sports Perspective Mejia A, Hutchinson M
M2 CPC Medical Student Lecture, University of Illinois College of Medicine
September 30, 2010

Care of the Burned Hand Alfonso Mejia, MD-MPH. Orthopedic Surgery Grand
Rounds, University of Illinois at Chicago September 11, 2010

Informed Consent: A Case Based Approach Alfonso Mejia, MD-MPH and Paul
Price JD Stroger Hospital of Cook County, Department of Surgery Meeting
Chicago, Illinois, May 27, 2010

Informed Consent in Orthopaedic Surgery Instructional Course Lecture
Mejia A, Gonzalez M, Goldstein W, and Price P AAOS 2010 Annual
Meeting March 10-15 New Orleans, LA

The mechanics of Locking Plates in Midshaft Femur Fractures, Choi, K. W.,
Amirouche, F., Paik, C, Gonzalez, M., Mejia, A., ORS Annual meeting, 56th
Annual Meeting of the Orthopaedic Research Society, March 6 - 9 2010, New
Orleans, Louisiana, USA.

Informed Consent in Orthopedic Surgery Mejia A Grand Rapids Orthopedic
Surgery Residency Program, Grand Rounds Grand Rapids, Michigan
November 4, 2009

Distal Radius Fractures Evaluation and Treatment Mejia A. Grand Rapids
Orthopedic Surgery Residency Program, Grand Rounds Grand Rapids, Michigan
November 4, 2009

Cubital Tunnel Release: A Novel Technique Shah S, Baydoun H, Mejia A, and
Gonzalez M. Poster Presentation at AAOS 2010 Annual Meeting New Orleans,
LA

Musculoskeletal Trauma: A Sports Perspective Mejia A, Hutchinson M

M2 CPC Medical Student Lecture, University of Illinois College of Medicine
October 2, 2009

Distal Radius Fractures Mejia A. 11th Annual Chicago Trauma Symposium July 30, 2009

Carpal Tunnel Syndrome Evaluation and Treatment. Mejia A. Workers Compensation Meeting ATI Bolingbrook, Illinois, February 18, 2009

Informed Consent in Orthopaedic Surgery Mejia A. University of Illinois Orthopaedic Surgery Saturday Morning Conference Grand Rounds January 31, 2009

Functional Capacity Evaluation Mejia A. University of Illinois Orthopaedic Surgery Saturday Morning Conference Grand Rounds November 15, 2008

Avoiding Complications in Hand Surgery Mejia A. Illinois Association of Orthopaedic Surgeons, Fall Meeting Chicago, Illinois. September 27, 2008

Hand Surgery in a County Population: Hand Infections Mejia A. National Medical Association, Annual Meeting, Atlanta, Georgia July 28, 2008

Flexor Tendon Injuries Mejia A. National Medical Association, Annual Meeting, Atlanta, Georgia July 28, 2008

Triangular Fibrocartilage Injuries Mejia A. University of Illinois Orthopaedic Surgery Saturday Morning Conference Grand Rounds. January 5, 2008

Splinting and Casting of the Hand and Wrist Mejia A Orthopaedic Technologist Association of Illinois Fall Meeting Chicago, Illinois. November 17 2007

Proximal Inter-phalangeal Joint Injuries Mejia A. University of Illinois Orthopaedic Surgery Saturday Morning Conference Grand Rounds September 8, 2007

Tendon Injuries Review for Part I of Orthopedics Boards Alfonso Mejia, MD-MPH Osler Institute Review. July 22, 2006 Naperville, Illinois

Hand Fractures Review for Part I of Orthopedics Boards. Alfonso Mejia, MD-MPH Osler Institute Review. July 22, 2006 Naperville, Illinois

Carpal Injuries Review for Part I of Orthopedics Boards. Alfonso Mejia, MD-MPH Osler Institute Review. July 22, 2006 Naperville, Illinois.

Common Conditions in Hand Surgery. Mejia A. Cermak Health Services Grand Rounds January 17, 2006

Musculoskeletal Infections in Pediatric Patients Mejia A. Pediatric Grand Rounds, Illinois Masonic Hospital December 7, 2005

Fragment Specific Fracture Fixation of Distal Radius Fractures Trimed Distal Radius Course Mejia A Valencia, Spain. November 4, 2005

Shock for the Tactical Officer.

Mejia A
TEMS training day for SSERT
Country Club Hills PD, Illinois
September 27, 2004

Hydration for the Tactical Officer Mejia A
TEMS conference of ITOA
Oakbrook, Illinois
May 2004

Biological Weapons: a Primer for Tactical Emergency Medical Support Mejia
A. Illinois Tactical Officers Association Annual Meeting Oakbrook, Illinois.
November 23, 2003.

Injuries of the Upper Extremity Mejia A. Midwest Clinical Conference, Berkheiser
Lecture, Chicago Medical Society Chicago, Illinois. March 2003

Cold Injury for the Tactical Officer Mejia A. TEMS training day, Tinley Park Police
Department Tinley Park, Illinois. December 16, 2002

Complex Hand Fractures. Mark Gonzalez MD, J Fernandez MD, Alfonso Mejia MD
American Society for Surgery of the Hand. Cancun, Mexico January 2002

Common Hand Problems. Mejia A. Midwest Clinical Conference, Berkheiser
Lecture, Chicago Medical Society February 2001

Agee Endoscopic Carpal Tunnel Release Course. Alfonso Mejia MD and Mark
Gonzalez MD Rosemont, Illinois

Hand Fractures Instructional Course. Mark Gonzalez MD, Alfonso Mejia MD, and
Norman Weinzwieg MD

Annual Meeting of The American Hand Association. Scottsdale, Arizona
January 1998

Treatment of Distal Radius Fractures with the Ulson Device. Alfonso Mejia MD,
Amit Gupta MD, Thomas Wolff MD, and Louis Schecker MD Presented at Kleinert
Hand Research Meeting, September 1996

Exhaled Pentane as a Marker for Free Flap Loss in a Rat Model Alfonso Mejia
MD and Mark Gonzalez MD. University of Illinois Orthopaedic Surgery Senior
Thesis June 1995

Posterior Iliopsoas Transfer for Hip Dysplasia in Myelomeningocele
Alfonso Mejia MD and Edward Abraham MD. Annual Meeting of the
American Academy of Orthopaedic Surgeons New Orleans, Louisiana
February 1994

PUBLICATIONS:

Mejia A., Bhimani AD, Macrinici V, Ghelani S, Huang EY, Khan NI, Saw TA, Orthopedics. 2018 Sep 17:1-6. Delving Deeper Into Informed Consent: Legal and Ethical Dilemmas of Emergency Consent, Surrogate Consent, and Intraoperative Consultation.

Mejia A, Solitro G, Gonzalez M, Parekh A, Gonzalez E, Amirouche F. Pullout Strength After Multiple Reinsertions in Radial Bone Fixation. *Hand (N.Y)*. 2018, September.

Mejia A, MacGillis KJ, Heaberlin. Clinical Decision Making for a Soft Tissue Hand Mass: When and How to Biopsy. *J. Hand Surg. Am.* 2018, June 13.

Mejia A, Solitro G, Gonzalez E, et al. (2018) Pullout Strength After Multiple Reinsertions in Radial Bone Fixation. *Hand (New York, N.Y.)*.

Mejia A, Mayekar EM, Bayrak A, Shah S. Radiation Exposure to the Orthopaedic Surgeon and Efficacy of a Novel Radiation Attenuation Product. *J. Surg Orthopaedic Advance* 2017. Winter;26(6):246-249.

Radiation Exposure to the Orthopaedic Surgeon and Efficacy of a Novel Radiation Attenuation Product. *Journal of Surgical Orthopaedic Advances*. Bayrak A, Shah S, Mayekar E, Mejia A. 2016

Hand Compression Neuropathy: An Assessment Guide
MacGillis K, Mejia A, Siemionov M. *Journal of Family Practice*. Vol65 No 7 p462-471 July 2016

Comparison of Potential Nerve Scar Agents in the Rat Model
Mossad D, Shah S, Amirouche F, Solitro G, Helder C, Mejia A, Gonzalez M, Kerns J. *Journal of Reconstructive Microsurgery Open* May 2016

Falling Across the Palliative Care Continuum: Assessment, Prevention, and Management of Consequences. Monica Malec, Stacie Levine, and Alfonso Mejia *Journal of Pain and Symptom Management*, Volume 43, Issue 2 (February, 2012), p.357.

Ligamentous and Capsular Injuries to the Metacarpophalangeal Joints of the Hand. Smiresh Shah MD, Fernando Techy MD, Alfonso Mejia, MD-MPH, and Mark Gonzalez MD-MEng. *Journal of Surgical Orthopaedic Advances* Fall 2012 Volume 21 Number 3, September 2012, p141-146

BOOK REVIEW:

AAOS, AEMT: Advanced Emergency Care and Transportation of the Sick and Injured, Third Edition, May 15, 2018.

AAOS, Nancy Caroline's Emergency Care in the Streets, 8th Edition. August 15, 2017

MESPLIE, Hand and Wrist Rehabilitation: Theoretical Aspects and Practical Consequences, Doody Publishing, January 27, 2016

TRAIL, Disorders of the Hand - Volume 1: Hand Injuries, Doody Publishing, January 21, 2016

CHUNG, Essentials of Hand Surgery, Doody Publishing, January 21, 2016.

Cheema, Complex Injurie of the Hand, Doody Publishing, August 2014

Ultrasound-guided Management of Hand Fractures, Orthopedics, Karina Paulius, Pirkko Maguina, and Alfonso Mejia Volume 31 Number 12 December 2008

Upper Extremity Dog Bite Wounds and Infections. J Surg Orthop Adv (US), Winter 2005 14(4) p181-184. Bach G, Shah NA, Mejia A, *et al*

Surgical Management of Hand and Upper Extremity Infections in Children. *The Growing Hand*, Harcourt Brace Press, 2000. Chapter 99 by Alfonso Mejia MD, Amit Gupta MD, Edward Mah MD

Isolation of the Beta-Subunit of the Chloroplast H⁺ Translocating ATPase of Spinach Thylokoids. Ingrid Apel BS, Alfonso Mejia, Wayne Frasch PhD. Proceedings of the VII International Congress on Photosynthesis: Vol III, No 1, 1987

ADMINISTRATIVE

International Paramedic Registry
United States of America Advisory Committee
American Academy of Orthopedic Surgeons Representative
August 2017 to Present

AAOS Board of Counselors
Illinois Representative
March 2017 to present

American Association of Latino Orthopaedic Surgeons (AALOS) President
2017 - present

American Association of Latino Orthopaedic Surgeons (AALOS) – Secretary
2013 – 2017

AOA
Annual Meeting Abstract Review Committee
2015 to 2016

President
Illinois Association of Orthopedic Surgeons
December 2014 to December 2016

AAOS Council on Education
Mastery Model for Attending Education

Chair Work Group
December 2015 to present

AAOS, Diversity Advisory Board Liaison to the Council on Education
March 2014 to 2018

Council of Orthopaedic Residency Directors
Nominating Committee
Member
2013 to 2014

M3/M4 Curriculum Committee
University of Illinois at Chicago
January 2013

AAOS, Washington Health Policy Fellows Selection Committee,
2013

President-Elect
Illinois Association of Orthopedic Surgeons
2012-2013

Committee on CME
Chicago Medical Society
2012-2013

Committee on Public Health
Chicago Medical Society
2012-2013

Committee on Advocacy
Chicago Medical Society
2012-2013

Alternate Delegate
Illinois State Medical Society
2012-2013

Alternate Councilor
Chicago Medical Society
2012-2014

Vice Head, Department of Orthopedic Surgery
University of Illinois at Chicago
June 2011 to present

Vice President, Illinois Association of Orthopedic Surgeons, 2011-2012

AAOS, Washington Health Policy Fellows Selection Committee,
2011

University of Illinois Faculty Advancement Committee Orthopedic Department
Liaison, 2011 to Present

Secretary, Illinois Association of Orthopaedic Surgeons, October 2010 to 2011

Diversity Advisory Board Liaison to the Council on Advocacy, AAOS, June 2010
to March 2014

Advisory Committee, Orthopaedic Surgery Department, University of Illinois at
Chicago, November 2009 to Present

Curriculum Committee, College of Medicine, University of Illinois at Chicago,
September 2009-Present

Regional Representative, Illinois Association of Orthopaedic Surgeons,
September 2008 to September 2010

Program Director, University of Illinois Orthopaedic Surgery Residency, March
2007 to Present

Committee on Public Health, Chicago Medical Society, 2007 – 2009

Committee on Continuing Medical Education, Chicago Medical Society, 2007 –
2009

University of Illinois, Committee on Continuing Medical Education, August 2007 –
Present

American Academy of Orthopedic Surgeons, Exhibits Committee Member, 2006
to 2010

General Surgery Internal Review, University of Illinois GME, December, 2005

Associate Program Director, University of Illinois Orthopedic Surgery Residency,
January 2002 to February 2007

University of Illinois, Committee, Graduate Medical Education, January 2002 to
Present

University of Illinois Residency Selection Committee, September 1998 to Present

Pharmacy and Therapeutic Committee at St. Francis Hospital, Blue Island, IL,
January 1998 to December 2001

Surgery Quality of Care Committee at St. Francis Hospital, Blue Island, IL,
January 1998 to December 2001

Executive Committee, Pronger-Smith Medical Care, January 2000 to December
2001

LANGUAGES

Spanish (fluent)

VOLUNTEER WORK

Shriners Silver Service (April 1994, 1995, 1997, 1998). Worked as member of a pediatric orthopaedic surgery team in Buga, Columbia providing free medical care to disabled children

Uzbekistan (May 1995). Evaluated orthopaedic surgery department at the Tashme II Hospital in Tashkent Uzbekistan as a member of a joint team from the University of Illinois and USAID

Galens Medical Society, (September 1986 to June 1987). Founder and President. A medical student service organization modeled after a similar organization at the University of Michigan devoted to raising funds and awareness for disabled and disadvantaged children

University of Michigan Hospitals (1985). Volunteer on the Hydrotherapy Unit,

University of Michigan Hospitals (1984). Volunteer on Orthopaedic Surgery floor

Amigos de las Americas (May to August 1983). Assistant Project Director. Worked directly with Peruvian Ministry of Public Health in the implementation of a dental hygiene and eyeglass distribution program in Huaraz, Peru

Amigos de las Americas (May to August 1982). Route Leader. Directed, supplied and coordinated a team of volunteers in a rabies control program in Santo Domingo de los Colorados, Ecuador

Amigos de las Americas (May to August 1981). Volunteer. Worked in child inoculation program in Santo Domingo, Dominican Republic

Amigos de las Americas (May to August 1980). Volunteer. Worked in community hygiene program in rural area of Oaxaca, Mexico

AWARDS

Departmental Faculty of the Year (Teaching)

University of Illinois Department of Orthopedic Surgery 2013

Top Doctor in Hand Surgery, Regional; Castle and Connolly, 2011-2014

Intern of the Year, University of Illinois Department of Surgery, 1990

United Way and University of Illinois College of Medicine at Urbana-Champaign Service Award (for work on Galens Medical Society), 1987

Amigos de las Americas Service Award 1981, 1982, 1983

National Merit Scholar Finalist, 1982

Ecuador Ministry of Public Health Recognition Award (for work on rabies control program in the state of Pichincha, Ecuador), 1982

PROFESSIONAL AFFILIATIONS

American Society of Hand Surgery July 2015 to Present

American Association of Hand Surgery 2014 to present

Mid America Orthopedic Association 2014 to present

Chicago Hand Society, January 2011 to present

American Orthopaedic Association, June 2010 to present

Illinois Association of Orthopaedic Surgeons, 2006 to present

American Academy of Orthopedic Surgeons, Fellow, 1999 to present

Illinois State Medical Society, Member, 1996 to present

Chicago Medical Society, Member, 1996 to present

American Academy of Orthopaedic Surgeons, Candidate Member, 1991 to 1999

LAW ENFORCEMENT

CONTOMS certification

U.S. Park Police

Alexandria, Virginia

October 15-19, 2012

Basic SWAT School

Instructor, Tactical Emergency Medical Support

June to August 2012

South Suburban Emergency Response Team

NEMRT Accredited

Basic SWAT School

Instructor, Tactical Emergency Medical Support

July to September 2011

South Suburban Emergency Response Team

NEMRT Accredited

Basic SWAT School

Swat Officer Certification

July to September 2010

South Suburban Emergency Response Team

NEMRT Accredited

South Suburban Emergency Response Team
Member February 2000 to Present

Tinley Park Police Department
Reserve Police Officer
November 2001 to Present

HK TEMS Course Basic
Chantilly Virginia
April 16-20 2001

HK TEMS Course Advanced
Chantilly Virginia
November 11-15, 2003

Law Enforcement Officer
Part Time
Illinois Law Enforcement Training and Standards Board Certificate
February 22, 2003

STAR Program
NMERT
Crestwood Illinois
March 09 2002 to March 09 2003

Illinois Tactical Officers Association Member
November 2000 to Present

Posen Police Department
Reserve Officer
Rank Corporal
July 28th, 2015 to Present

Lynwood Police Department
Reserve Officer

Rank Patrolman
Assigned to SSERT as TEMS Physician
January 2013 to September 2014

Tinley Park Police Department
Part Time Reserve Officer
March 2002 to 2013

Calumet Park Police Department
Part Time Auxiliary Police Officer
March 2000 to February 2002



UNIVERSITY OF ILLINOIS
Hospital & Health Sciences System
Changing medicine. For good.

Patient Name: WEAVER, WENDELL
Sex: MALE DOB: 7/20/1976
Discharge Date: n/a

MRN: 31391055
Age: 42 years
Financial Number: n/a

Orthopedic Notes

Result Type:	Orthopedic Note
Result Date:	3/30/2017 00:00 CDT
Result Status:	Auth (Verified)
Performed Information:	Mejia MD, Alfonso (3/30/2017 16:52 CDT)
Signed Information:	Mejia MD, Alfonso (4/20/2017 13:56 CDT)

Clinic Progress Note- ATTENDING:..Alfonso Mejia, MD

University of Illinois Hospital & Health Science Systems

CLINIC NOTE

PATIENT: WEAVER, WENDELL

DICT: KUSHAL PATEL, MD
ATTNG: ALFONSO MEJIA, MD

MRN: 031391055
DATE OF SERVICE: 03/30/2017

DATE OF BIRTH: 07/20/1976

CHIEF COMPLAINT: Left small finger and right index finger pain.

HISTORY OF PRESENT ILLNESS: This is a 40-year-old male, who is here for evaluation of his right index finger pain when bending it and left small finger stiffness.

In regard to his left small finger stiffness, he sustained a basketball injury, where he jammed his finger. It was dislocated at the PIP joint, however, it took 3 weeks for it to be imaged and then intervention via surgery was taking place. The injury occurred on August 5, 2015, and surgery was August 29, 2015. He had a couple of sessions of occupational therapy and then he has continued to have stiffness without improvement as well as pain at the DIP and PIP joint.

In regard to his right index finger, he has pain at the distal aspect of his digit. He just woke up and could not bend it at the DIP without pain. Denies any numbness or tingling in the right index finger.

PAST MEDICAL HISTORY: Hypertension, hyperlipidemia.

PAST SURGICAL HISTORY: Left small finger DIP reduction and repair of volar plate.

University of Illinois Hospital & Health Sciences System

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Print Date/Time: 1/8/2019 15:04
CST

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Hospital & Health Sciences System
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Patient Name: WEAVER, WENDELL
Sex: MALE DOB: 7/20/1976
Discharge Date: n/a

MRN: 31391055
Age: 42 years
Financial Number: n/a

Orthopedic Notes

MEDICATIONS: Amlodipine, carvedilol, hydrochlorothiazide, Zocor, and Pepcid.

ALLERGIES: No known drug allergies.

SOCIAL HISTORY: Denies alcohol, tobacco, illicit drug use. Patient is incarcerated.

FAMILY HISTORY: Noncontributory.

REVIEW OF SYSTEMS: Constitutional: Denies sleeping, weight gain, or fatigue. Eyes: No eye pain, visual changes, or double vision. Head, ear, nose, and throat: Denies any ear pain, drainage, sinus infection, hearing loss or change. Cardiovascular: Denies any chest pain, palpitations, heart murmurs, or fainting. Respiratory: Denies shortness of breath, wheezing, or persistent cough. Gastrointestinal: Denies any abdominal pain, nausea, vomiting, or diarrhea. Genitourinary: Denies any blood in urine, dysuria, or urinary frequency. Skin: Denies any rashes, lesions, or bumps. Hematologic: Denies any easy bruisability, bleeding disorders, or sickle cell. Psych: Denies any anxiety, depression, hallucinations. Allergic: Denies any food allergies, abnormal reactions, or rashes.

PHYSICAL EXAMINATION: Alert and oriented x3, in no acute distress. Nonlabored respiration. Cooperative. Normal affect. He has a regular rate and rhythm palpable by radial pulse. Brisk capillary refill in all digits. He has full range of motion of his wrist and no pain. He has pain of his right index finger over the DIP joint. A cyst is palpable over the dorsal DIP. He has tenderness to palpation and limits his DIP flexion. Left small finger reveals tenderness to palpation at the DIP and PIP joint. He has DIP motion from 0-30 degrees. PIP is stuck in flexion of about 20 degrees with almost zero motion. Sensation is intact to light touch over each digit. Brisk capillary refill is noted.

IMAGING: X-ray imaging of the right index finger today shows some degenerative changes of the DIP with osteophyte formation. A small soft tissue mass is appreciated over the PIP joint. No bony tumors noted. X-ray imaging of the left small finger reveals advanced degenerative changes at the PIP joint and DIP joint. There is a suture anchor at the proximal aspect of the middle phalanx. A malunion of the volar plate is appreciated.

ASSESSMENT/PLAN: This is a 40-year-old male with 2 issues:



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Patient Name: WEAVER, WENDELL
Sex: MALE DOB: 7/20/1976
Discharge Date: n/a

MRN: 31391055
Age: 42 years
Financial Number: n/a

Orthopedic Notes

1. He has left small finger posttraumatic arthritis of the proximal interphalangeal joint and after a likely proximal interphalangeal dorsal dislocation as well as distal interphalangeal joint arthritis. He has 2 options, which include occupational therapy and a proximal interphalangeal plus-minus distal interphalangeal fusion depending on the severity of his pain. We discussed the pros and cons and the patient wished to pursue a course of occupational therapy to see if he can improve his range of motion at the proximal interphalangeal and distal interphalangeal.
2. For the right index finger, we discussed options of leaving it alone or excising this likely mucous cyst. The patient wished to proceed with the excision of mucous cyst as this affects his activities of daily living and causes him significant pain and discomfort. The patient consented to the excision of right index finger distal interphalangeal mucous cyst. Risks, benefits, and alternatives were discussed with the patient.
3. The patient was not given the surgical date, however, it was written down in the paperwork to be April 14, 2017. This will be an outpatient surgery. The patient understood and agreed with the plan. Dr. Mejia saw and evaluated the patient and agrees with the above-mentioned plan.

DD: 03/30/2017 16:52:48
DT: 03/30/2017 17:35:11
KP/MeQ
JOB: 113523/736790290

I was present with resident during the history and exam. I discussed the case with the resident and agree with the findings and plan as documented in the resident's note.



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Hospital & Health Sciences System
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Patient Name: WEAVER, WENDELL
Sex: MALE DOB: 7/20/1976
Discharge Date n/a

MRN: 31391055
Age: 42 years
Financial Number: n/a

Orthopedic Notes

Result Type:	Orthopedic Note
Result Date:	12/14/2017 00:00 CST
Result Status:	Auth (Verified)
Performed Information:	Mejia MD, Alfonso (12/14/2017 13:04 CST)
Signed Information:	Mejia MD, Alfonso (12/21/2017 16:08 CST)

Clinic Progress Note- ATTENDING: Alfonso Mejia, MD

University of Illinois Hospital & Health Science Systems

CLINIC NOTE

PATIENT: WEAVER, WENDELL

DICT: KARINA KATCHKO, MD
ATTNG: ALFONSO MEJIA, MD

MRN: 031391055
DATE OF SERVICE: 12/14/2017

DATE OF BIRTH: 07/20/1976

CHIEF COMPLAINT: Followup of right index finger dorsal mass excision. As well as left small finger pain.

HISTORY OF PRESENT ILLNESS: Mr. Wendell Weaver is a 41-year-old male who is here for followup of a right index finger mass removal performed on 04/14/2017. The official pathology report came back saying that the fibrocartilaginous tissue was consistent with an osteophyte. The patient reports that he has minimal issues with his right index finger, he feels that it is doing well.

His main concern at this time is that he has left small finger pain. The patient reports that in 2015, he dislocated the PIP of this finger, and they were unable to perform a closed reduction, so he underwent an open reduction and pinning of his PIP dislocation, at Saint Joseph's Hospital. The patient reports ever since this time, he has had small finger pain primarily at the site of the PIP itself as well as at the MCP joint.

REVIEW OF SYSTEMS: Negative for nausea, vomiting, fever, chills.

PHYSICAL EXAMINATION: Patient is alert and oriented x3, in no acute distress. He has nonlabored respirations. He appears his stated age. He is slightly overweight. The patient has some tenderness to palpation at the dorsoulnar

University of Illinois Hospital & Health Sciences System

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Patient Name: WEAVER, WENDELL MRN: 31391055
 Sex: MALE DOB: 7/20/1976 Age: 42 years
 Discharge Date: n/a Financial Number: n/a

Orthopedic Notes

aspect of his MCP of the small finger. He does not have any tenderness to palpation at the PIP joint itself, or the A1 pulley. He is unable to make a full fist, given the stiffness at his PIP joint. Some subtle left small finger extensor tendon subluxation is appreciated during range of motion. His sensation is intact to light touch in the median, radial, and ulnar nerve root distributions. His AIN, PIN, and ulnar motor nerve functions are intact.

IMAGING: X-rays were reviewed during the clinic today, they demonstrate some significant posttraumatic arthritis of the PIP joint.

ASSESSMENT AND PLAN: Mr. Wendell Weaver is a 41-year-old male, here for followup of right index finger dorsal mass excision as well as for left small finger pain, status post a PIP dislocation and open reduction.

The patient, at this time, we feel that he has significant arthritis of the PIP joint, and that there is unlikely anything that could be done to help him regain full range of motion of this finger. We recommend that he have a fusion of this PIP joint at some point. The patient is not sure that he would like to schedule something like this, as it would mean a permanent loss of range of motion at this joint.

He can follow up with us on an as-needed basis if he decides he would like to have the fusion.

The patient vocalized an understanding of the above assessment and plan. All his questions were answered during his visit today.

Dr. Mejia was present for the evaluation of this patient and agrees with the above plan.

DD: 12/14/2017 13:04:07
 DT: 12/14/2017 13:43:01
 KK/MedQ
 JOB: 432911/769218868
 329~wESQ

I was present with resident during the history and exam. I discussed the case with the resident and agree with the findings and plan as documented in the resident's note.



UNIVERSITY OF ILLINOIS
Hospital & Health Sciences System
Changing Medicine. For good.

Patient Name: WEAVER, WENDELL

MRN: 31391055

Sex: MALE

DOB: 7/20/1976

Age: 42 years

Discharge Date: n/a

Financial Number: n/a

Orthopedic Notes

Alfonso Mejia, MD, MPH

Electronically Signed on 12/21/17 04:08 PM

Mejia MD, Alfonso



UNIVERSITY OF ILLINOIS
Hospital & Health Sciences System
Changing lives. For good.

Patient Name: WEAVER, WENDELL
Sex: MALE DOB: 7/20/1976
Discharge Date n/a

MRN: 31391055
Age: 42 years
Financial Number: n/a

Orthopedic Notes

Result Type:	Orthopedic Note
Result Date:	11/1/2018 10:07 CDT
Result Status:	Auth (Verified)
Performed Information:	Sabella RN, Dulce (11/27/2018 10:24 CST)
Signed Information:	Sabella RN, Dulce (11/27/2018 10:24 CST)

RN meet with patient face to face. Surgery Folder was given guards and faxed to Barbara Johnson at 312-996-1207

The folder includes: *Preparing for Surgery: Taking Your Medication*, and a copy of the *Preparing for Surgery: Taking Your Medication*. RN advised patient to stop any aspirin/aspirin products, NSAIDS, and/or anti-coagulants one week prior to surgery. A copy of the *Pre-Surgery/ Pre-Procedure Shower Instructions* and bottle of Scrub Stat 4% soap were provided to the guards. See under patient education for additional handout given to the patient.

In addition, Barbara Johnson was given a Medical Clearance form for inmate to be evaluated by facility MD. All materials above were faxed to Barbara Johnson including post-op appointment.

Faxed medical clearance form, clinical notes and itinerary to Barb Johnson.

Surgery: 12/07/2018 Left small finger capsular release and tenolysis 26445

Dx: Left small finger PIP joint stiffness M24.521, M79.645

Attending Physician: Dr. Mejia

APEC appt: 11/19/2018 115pm

Clearances: Medical clearance needed

pre-op testing ordered: n/a

Total Face to Face time: 10min

PCP at Statesville

Patient telephone: 815-727-3607

Dulce Sabella RN
Staff Nurse
University of Illinois Hospital & Health Sciences System
Department of Orthopedics





UNIVERSITY OF ILLINOIS
Hospital & Health Sciences System
Changing medicine. For good.

Patient Name: WEAVER, WENDELL

MRN: 31391055

Sex: MALE

DOB: 7/20/1976

Age: 42 years

Discharge Date: n/a

Financial Number: n/a

Orthopedic Notes

Office: 312-413-3224

Fax: 312-996-1207

Electronically Signed on 11/27/18 10:24 AM

Sabella RN, Dulce



UNIVERSITY OF ILLINOIS
Hospital & Health Sciences System
Changing Medicine. For good.

Patient Name: WEAVER, WENDELL
Sex: MALE DOB: 7/20/1976
Discharge Date: n/a

MRN: 31391055
Age: 42 years
Financial Number: n/a

Orthopedic Notes

Result Type:	Orthopedic Note
Result Date:	11/9/2018 11:59 CST
Result Status:	Auth (Verified)
Performed Information:	Collinet RN, Lorna (11/9/2018 12:25 CST)
Signed Information:	Collinet RN, Lorna (11/9/2018 12:25 CST)

This writer received a message from Stateville, stating that the capsular release was denied for this patient. To please cancel the surgery. He would be treated onsite.
Gedminas, Amanda (<mailto:Amanda.Gedminas@illinois.gov>)

Wendell, Weaver	31391055	7/20/1976	815-727-3607	Left small finger capsular release and tenolysis	AM				BC
	5		*INMATE						

Electronically Signed on 11/09/18 12:25 PM

Collinet RN, Lorna





Patient Name: WEAVER, WENDELL MRN: 31391055
Sex: MALE DOB: 7/20/1976 Age: 42 years
Discharge Date: n/a Financial Number: n/a

Orthopedic Notes

Result Type: Orthopedic Note
Result Date: 11/1/2018 00:00 CDT
Result Status: Modified
Performed Information: Mejia MD, Alfonso (12/11/2018 10:40 CST); Mejia MD, Alfonso (11/2/2018 08:34 CDT)
Signed Information: Mejia MD, Alfonso (12/11/2018 10:40 CST); Mejia MD, Alfonso (12/11/2018 10:39 CST)

Addendum by Mejia MD, Alfonso on December 11, 2018 10:40 AM

*Insert Addendum Here:

I was present with resident during the history and exam. I discussed the case with the resident and agree with the findings and plan as documented in the resident's note.

Electronically Signed on 12/11/18 10:40 AM

Mejia MD, Alfonso

Clinic Progress Note- ATTENDING: Alfonso Mejia, MD

University of Illinois Hospital & Health Science Systems

CLINIC NOTE

PATIENT: WEAVER, WENDELL

DICT: ARASH REZAEI, MD
ATTNG: ALFONSO MEJIA, MD

MRN: 031391055
DATE OF SERVICE: 11/01/2018

DATE OF BIRTH: 07/20/1976

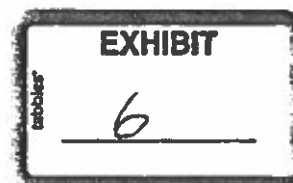
CHIEF COMPLAINT: Left small finger pain.

HISTORY OF PRESENT ILLNESS: Mr. Wendell is a 42-year-old male, presents to our office for the followup of left small finger pain. The patient was last seen in our office on 12/14/2017. The patient reports he had an injury to the left small finger in 2015 for which he underwent an open reduction and internal fixation with pin placement. Since the day of the surgery, he has not been able to fully bend his left small finger. He has not been able to make a full fist. He has some difficulty with daily activities including lifting objects, pushing, and pulling. The patient endorses he has had physical therapy for the same issue, but he believes physical therapy did not help relieve the symptoms significantly.

University of Illinois Hospital & Health Sciences System

Report Request ID: 37278769
Print Date/Time: 1/8/2019 15:04
CST

Page 146 of 354





Patient Name: WEAVER, WENDELL
 Sex: MALE DOB: 7/20/1976
 Discharge Date: n/a

MRN: 31391055
 Age: 42 years
 Financial Number: n/a

Orthopedic Notes

PAST MEDICAL HISTORY: Hypertension, hyperlipidemia, and cardiac arrhythmia.

MEDICATIONS: Losartan and flecainide.

ALLERGIES: No known drug allergies.

PAST SURGICAL HISTORY: Left small finger PIP, ORIF in 2015.

SOCIAL HISTORY: The patient denied tobacco, alcohol, and drug use.

REVIEW OF SYSTEMS: The patient denies fever, chills, nausea, vomiting, diarrhea, constipation, chest pain, shortness of breath, headache, visual changes, hearing loss, easy bleeding, easy bruising, heat or cold intolerance, hematuria hemoptysis, and hematochezia.

PHYSICAL EXAMINATION: General: The patient is alert and oriented x3, not in acute distress, cooperative with the examiner. Mood and affect are appropriate. HEENT: Head is normocephalic, atraumatic. Neck: Supple. No lymphadenopathy. Chest: Nontender to palpation. Nonlabored breathing. Heart: Regular rate and rhythm based on peripheral pulses. Abdomen: Soft, nontender, and nondistended. Musculoskeletal: Exam of the left upper extremity indicates there is mild swelling over the MCP joint of the left small finger. There is some tenderness to palpation at the dorsoulnar aspect of the MCP joint of the small finger. He has mild tenderness to palpation at the PIP joint and at the A1 pulley. He is not able to make a full fist given the stiffness at his PIP joint. The PIP joint range of motion is almost 0. The DIP joint range of motion is about 5 degrees. The MCP joint is about 0-80 degrees. There is some subtle left small finger extensor tendon subluxation appreciated during the range of motion. Sensation is intact to light touch in the median, radial, and ulnar nerve distribution. His AIN, PIN, and ulnar motor nerve functions are intact. Radial pulses are 2+ bilateral and symmetric.

ASSESSMENT AND PLAN: Mr. Wendell is a 42-year-old male who presents to our office for the followup of left small finger pain and stiffness. We explained several options for the patient including continue conservative management with physical therapy and over-the-counter pain medications with range of motion exercises. Also, possible surgery for capsular release and tenolysis of the PIP joints were explained for the patient. Risks and benefits of the surgery including infection, bleeding, damage to the surrounding structures,



UNIVERSITY OF ILLINOIS
Hospital & Health Sciences System
Changing medicine. For good.

Patient Name: WEAVER, WENDELL
Sex: MALE DOB: 7/20/1976
Discharge Date n/a

MRN: 31391055
Age: 42 years
Financial Number: n/a

Orthopedic Notes

persistent pain, I explained for the patient in detail. We explained for the patient that after the surgery, the range of motion might be so limited that we might need to go ahead and do articular fusion. The patient at this point is not interested in articular fusion. He decided to go with the surgery option. Package was filled for the patient. A tentative date of December 7th scheduled for the date of surgery. The patient voiced understanding of the above treatment plan. Dr. Mejia formulated the above treatment plan and was present during the evaluation of this patient.

DD: 11/02/2018 08:34:40
DT: 11/02/2018 09:29:32
RR/MedQ
JOB: 938170/812495353

*Insert Addendum Here:

I was present with resident during the history and exam. I discussed the case with the resident and agree with the findings and plan as documented in the resident's note.

Electronically Signed on 12/11/18 10:39 AM

Mejia MD, Alfonso

ILLINOIS DEPARTMENT OF CORRECTIONS Offender's Grievance			
1st Lvl rec:	2nd Lvl rec:		
Date: <u>9-27-21</u>	Offender (please print): <u>WENDELL WEAVER</u>	ID #: <u>R47387</u>	Race (optional): <u>UNIMPORTANT</u>
Present Facility: <u>STATEVILLE C.C.</u>		Facility where grievance issue occurred: <u>STATEVILLE C.C.</u>	
Nature of grievance:			
<input type="checkbox"/> Personal Property	<input type="checkbox"/> Mail Handling	<input checked="" type="checkbox"/> Medical Treatment	<input type="checkbox"/> ADA Disability Accommodation
<input checked="" type="checkbox"/> Staff Conduct	<input type="checkbox"/> Dietary	<input type="checkbox"/> HIPAA	<input type="checkbox"/> Restoration of Sentence Credit
<input type="checkbox"/> Transfer Denial by Facility	<input type="checkbox"/> Other (specify): _____		
<input type="checkbox"/> Disciplinary Report	Date of report: _____	Facility where issued: _____	GRIEVANCE DEPARTMENT BY: <u>[Signature]</u>

Note: Protective Custody Denials may be grieved immediately via the local administration on the protective custody status notification.

Complete: Attach a copy of any pertinent document (such as a Disciplinary Report, Search Record, etc.) and place in the designated locked receptacle marked "grievance":

Counselor, unless the issue involves discipline, is deemed an emergency, or is subject to review by the Administrative Review Board Grievance Officer, only if the issue involves discipline at the present facility or issue not resolved by Counselor Chief Administrative Officer, only if EMERGENCY grievance
Mail to Administrative Review Board, only if the issue involves protective custody, involuntary administration of psychotropic drugs, issues from another facility except medical and personal property issues, or issues not resolved by the Chief Administrative Officer.

Summary of Grievance (Provide information including a description of what happened, when and where it happened, and the name or identifying information for each person involved):

THE ABOVE OFFENDER CAN'T SLEEP DUE TO HIS "SLEEP APNEA" AND U.I.C. PRESCRIBE FOR HIM TO GET A MACHINE TO HELP WITH THIS, BUT STATEVILLE COLLEGE HAD DENIED THE REQUEST, FOR WHAT EVER REASON(S). IT'S EFFECTING MY BLOOD PRESSURE AS WELL. HEADACHE'S, ETC. SECONDLY, MY RIGHT KNEE IS GIVING OUT AND SWELLING UP AND HURTING VERY BAD 24 HOURS A DAY, AND STATEVILLE MEDICAL UNIT STAFF KNOWS (DR. HORTLE) (DR. TUCCO) (DR. BRUCKNER) KNOWS I NEED A SURGERY →
(DR. B) (DR. A) ☒ Continued on reverse

Relief Requested:

GET ME THE SLEEP APNEA MACHINE AND FOLLOW U.I.C. ORDER(S) GET ME MY KNEE, SHOULDER, ARM SURGERY AS SOON AS POSSIBLE, BEFORE IT GET WORSE W/ TIME LIKE MY FINGER JUST DID, AND NOW IT HURTS ALL DAY EVERY DAY FOR NO REASONS AT ALL? AND IT'S NOTHING THE HOSPITAL CAN DO FOR IT

- ☐ Check only if this is an EMERGENCY grievance due to a substantial risk of imminent personal injury or other serious or irreparable harm to self.
☒ Check if this is NOT an emergency grievance.

[Signature] Offender's Signature ID# R47387 Date 9-27-21

(Continue on reverse side if necessary)

Counselor's Response (if applicable) Date Received: _____ ☐ Send directly to Grievance Officer

☐ Outside jurisdiction of this facility. Send to: Administrative Review Board, PO Box 19277, Springfield, IL 62794-9277

Response:

Print Counselor's Name

Sign Counselor's Name

Date

Note to offender: If you disagree with the counselor's response, it is your responsibility to forward grievance with counselor's response to the grievance officer.

EMERGENCY REVIEW: Date Received: _____

Is this determined to be of an emergency nature:

- ☐ Yes, expedite emergency grievance
☐ No, an emergency is not substantiated. Offender should submit this grievance according to standard grievance procedure

Chief Administrative Officer's Signature

Date

Assigned Grievance #/Institution: _____

Housing Unit: _____

Bed #: _____

ILLINOIS DEPARTMENT OF CORRECTIONS
Offender's Grievance

1st Lvl rec: _____

2nd Lvl rec: _____

TOO REPAIR THE PROBLEM BECAUSE THEY HAVE MY
X RAYS, M R I, AND MEDICAL RECORDS, ETC. BUT
DOING NOTHING ABOUT THIS? SAME WITH MY RIGHT
SHOULDER ARM / ELBOW? I WAS JUST SENT OUT FOR
MY LEFT PULLEY, NOW THEY (U.I.C) IS SAYING IT'S TOO
LATE FOR THEM TO FIX MY FINGER BECAUSE IT TOOK
TOO LONG FOR THE 3RD SURGERY I'M TRYING TO
ADD THIS FROM HAPPENING TO MY SHOULDER, KNEE,
ARM; I'M EXPERIENCING IN SEVERE PAIN (24 HOURS A DAY)
(PLEASE HELP)

P.S.

I ALSO TALKED TO WARDEN OSBOURNE ON
MULTIPLE OCCASIONS ABOUT THIS AND OTHER
MEDICAL ISSUE(S) I'M HAVING AND HE DOES NOTHING BUT
LIE AND SPINS ME? I NEED HELP!

Assigned Grievance Institution:

Housing Unit: CHOUSE

Det # "TOP" BUNK

1st Lvl rec:		ILLINOIS DEPARTMENT OF CORRECTIONS Offender's Grievance		2nd Lvl rec:	
Date: 09-01-2020	Offender (please print): WENDELL WEAVER	ID #: R47387	Race (optional): Black		
Present Facility: STATEVILLE C.C.		Facility where grievance issue occurred: STATEVILLE C.C.			
Nature of grievance:					
<input type="checkbox"/> Personal Property	<input type="checkbox"/> Mail Handling	<input checked="" type="checkbox"/> Medical Treatment	<input type="checkbox"/> ADA Disability Accommodation		
<input checked="" type="checkbox"/> Staff Conduct	<input type="checkbox"/> Dietary	<input type="checkbox"/> HIPAA	<input type="checkbox"/> Restoration of Sentence Credit		
<input type="checkbox"/> Transfer Denial by Facility	<input type="checkbox"/> Other (specify):				
<input type="checkbox"/> Disciplinary Report					
Date of report		Facility where issued			

Note: Protective Custody Denials may be grieved immediately via the local administration on the protective custody status notification.

Complete: Attach a copy of any pertinent document (such as a Disciplinary Report, Search Record, etc.) and place in the designated locked receptacle marked "grievance":

Counselor, unless the issue involves discipline, is deemed an emergency, or is subject to review by the Administrative Review Board Grievance Officer, only if the issue involves discipline at the present facility or issue not resolved by Counselor Chief Administrative Officer, only if EMERGENCY grievance
Mail to Administrative Review Board, only if the issue involves protective custody, involuntary administration of psychotropic drugs, issues from another facility except medical and personal property issues, or issues not resolved by the Chief Administrative Officer.

Summary of Grievance (Provide information including a description of what happened, when and where it happened, and the name or identifying information for each person involved):

I HAVE BEEN COMPLAINING ABOUT THE PAIN IN MY ^(RIGHT) KNEE FOR YEARS NOW! I HAVE A BULLET LOGGED IN MY KNEE SINCE THE YEAR (2000) WHEN I GOT SHOT, I CAME TO STATEVILLE C.C. IN THE YEAR "2005" I WASN'T HAVING TROUBLE WITH THIS PARTICULAR KNEE UNTIL ABOUT "4" YEAR AGO, BUT MORE IMPORTANTLY, IT GOT WORSE ABOUT 2 YEAR'S AGO WHILE PLAYING BASKETBALL / AND RUNNING; IT "POPPER" ☒ Continued on reverse

Relief Requested:

GET AN "M.R.I." TO SEE WHAT'S THE REAL PROBLEM W/ MY RIGHT KNEE? FIND THE SOLUTION TO CURE THIS "CRUISING PAIN" (AND) OR REMOVE THE BULLET IF IT'S THE CAUSE OF THE PAIN. I MOVE ME ON "2" GAUZE TO PROTECT THE LIFE OF MY KNEE; AND FROM ENDURING CONSTANT PAIN W/

☐ Check only if this is an EMERGENCY grievance due to a substantial risk of imminent personal injury or other serious or irreparable harm to self.

☒ Check if this is NOT an emergency grievance.

Wendell Weaver
Offender's Signature

R47387
ID#

9-1-2020
Date

(Continue on reverse side if necessary)

Counselor's Response (if applicable) Date Received: ☐ Send directly to Grievance Officer

☐ Outside jurisdiction of this facility. Send to: Administrative Review Board, PO Box 10277, Springfield, IL 62794-9277

Response:

Print Counselor's Name

Sign Counselor's Name

Date

Note to offender: If you disagree with the counselor's response, it is your responsibility to forward grievance with counselor's response to the grievance officer.

EMERGENCY REVIEW: Date Received:

Is this determined to be of an emergency nature:

☐ Yes, expedite emergency grievance

☐ No, an emergency is not substantiated. Offender should submit this grievance according to standard grievance procedure

Chief Administrative Officer's Signature

Date

Distribution: Master File; Offender

Page 1 of 2

DOC 0046 (Rev. 01/2020)

Assigned Grievance #/Institution

Housing Unit

Bed #

ILLINOIS DEPARTMENT OF CORRECTIONS
Offender's Grievance

2nd Lvl rec:

1st Lvl rec:

and it's BEEN "POPPING" EVERY SINCE, and IS IN
 CONSTANT PAIN - ESPECIALLY WHILE GOING UP AND
 DOWN ALL THESE STAIR(S) TO "6" GALLERY I HAD
 TO BE ON "2" GALLERY WHERE THERE ARE NO STAIR(S)
 TO GET BACK AND FORTH TO THE SHOWER AREA, KITCHEN,
 VIDEO VISIT(S), LEGAL CALL(S) ETC, BUT MORE
 - IMPORTANTLY, GET THIS BULLET TAKEN OUT
 MY KNEE, OR GET AN "M.R.I." TO SEE WHY
 MY KNEE IS IN "EXCRUCIATING" PAIN 24 HOURS
 A DAY - EVEN WITH TAKING THE TYLENOL - 3" I'm
 TAKEN FOR MY FINGER INJURY WITH THE MEDICAL
 DIRECTOR HAS ALREADY REVIEWED MY X-RAY AND
 DIAGNOSED MY PROBLEM AS "DEGENERATE" OF
 THE "KNEE" and IT'S GETTING WORSE BY THE
 DAY - WHICH IS ANOTHER REASON TO PUT ME ON
 "2 GALLERY" SO I WON'T HAVE TO CLIMB UP AND
 DOWN THESE STAIR(S) TO "RUSH" THE "DETERIORATION"
 OF MY KNEE I HAVEN'T BEEN SEEN IN 2
 MONTH(S) REGARDING THIS KNEE PROBLEM,
 and THEY ALWAYS - "RESCHEDULE" - ME
 EVERY TIME I'm SCHEDULED TO SEE MY
 DOCTOR REGARDING MY KNEE PROBLEM, LIKE
 THEY JUST KICKING THE CAN DOWN THE
 STREET - PROLONGING MY PAIN & SUFFERING!
 CAN SOMEONE PLEASE DO SOMETHING ABOUT
 THIS SOON.

THANKS

1st Lvl rec:		ILLINOIS DEPARTMENT OF CORRECTIONS Offender's Grievance		2nd Lvl rec:	
Date:	Offender (please print):	ID #:	Race (optional):		
08-20-2021	WENDELL WEAVER	R47387	BLACK		
Present Facility:		Facility where grievance issue occurred:			
STATEVILLE C.C.		STATEVILLE C.C.			

Nature of grievance:

<input type="checkbox"/> Personal Property	<input type="checkbox"/> Mail Handling	<input checked="" type="checkbox"/> Medical Treatment	<input checked="" type="checkbox"/> ADA Disability Accommodation
<input checked="" type="checkbox"/> Staff Conduct	<input type="checkbox"/> Dietary	<input type="checkbox"/> HIPAA	<input type="checkbox"/> Restoration of Sentence Credit
<input type="checkbox"/> Transfer Denial by Facility	<input type="checkbox"/> Other (specify):	STATUS	
<input type="checkbox"/> Disciplinary Report	Date of report	Facility where issued	
	SEP 17 2021	STATEVILLE C.C.	

Note: Protective Custody Denials may be grieved immediately via the local administration on the protective custody status notification.

Complete: Attach a copy of any pertinent document (such as a Disciplinary Report, Search Record, etc.) and place in the designated locked receptacle marked "grievance":

Counselor, unless the issue involves discipline, is deemed an emergency, or is subject to review by the Administrative Review Board Grievance Officer, only if the issue involves discipline at the present facility or issue not resolved by Counselor Chief Administrative Officer, only if EMERGENCY grievance Mail to Administrative Review Board, only if the issue involves protective custody, involuntary administration of psychotropic drugs, issues from another facility except medical and personal property issues, or issues not resolved by the Chief Administrative Officer.

Summary of Grievance (Provide information including a description of what happened, when and where it happened, and the name or identifying information for each person involved):

THE ABOVE OFFENDER IS DEALING WITH A HOST OF MEDICAL PROBLEMS, SUCH AS "EXTREME HIGH BLOOD PRESSURE" "259/144" HEART PROBLEM / IRREGULAR HEART BEATS ETC. TORN ROTATOR CUFF IN HIS SHOULDER(S) TORN BICEPS / PL FIRM ARM, BULLY(S) IN ARM AND KNEE, TORN TENDON(S) AND MUSCLES IN RIGHT KNEE, AND STATEVILLE MEDICAL DEPARTMENT IS MOVING AT THEIR OWN PACE, WITH TENDING TO THESE ISSUE(S)

☒ Continued on reverse

Relief Requested:

TO GET "SINGLE MAN" STATUS - DUE TO MY FAILING HEALTH AND VULNERABILITY TO BEAT WITH CELL MATE'S ETC. AND GET ME SOME MEDICAL TREATMENT ON THE ABOVE MEDICAL ISSUE(S)

☒ Check only if this is an EMERGENCY grievance due to a substantial risk of imminent personal injury or other serious or irreparable harm to self.

☐ Check if this is NOT an emergency grievance.

Offender's Signature: Wendell Weaver ID# R47387 Date 8-20-2021

(Continue on reverse side if necessary)

Counselor's Response (if applicable) Date Received: 9/2/21 ☒ Send directly to Grievance Officer

☐ Outside jurisdiction of this facility. Send to: Administrative Review Board, PO Box 19277, Springfield, IL 62794-8277

Response:

Print Counselor's Name: _____ Sign Counselor's Name: _____ Date: _____

Note to offender: If you disagree with the counselor's response, it is your responsibility to forward grievance with counselor's response to the grievance officer.

EMERGENCY REVIEW: Date Received: 9/2/21

Is this determined to be of an emergency nature:

☒ Yes, expedite emergency grievance

☐ No, an emergency is not substantiated. Offender should submit this grievance according to standard grievance procedure

Debbie

Chief Administrative Officer's Signature

1/6

9/2/21

Date

Assigned Grievance #/Institution: _____

Housing Unit: _____

Bed #: _____

ILLINOIS DEPARTMENT OF CORRECTIONS
Offender's Grievance

2nd Lvl rec: _____

1st Lvl rec: _____

SO I DONT FEEL COMFORTABLE WITH A CELL MATE
 I CAN'T PROTECT MY SELF, I FEEL VULNERABLE, SO
 I WOULD LIKE TO BE IN THE CELL BY MY SELF AND
 NOT DEAL WITH THE "STRESS" OF A CELL MATE
 WHICH IN TURN CAN RUN MY "BLOOD PRESSURE" UP
 UP AND CAUSE MY HEALTH TO DETERIORATE EVEN FASTER/
 MORE, PLEASE HELP!

Signed Grievance #/Institution: _____

Housing Unit: CHOUSEBed #: 1

1st Lvl rec:

ILLINOIS DEPARTMENT OF CORRECTIONS
Offender's Grievance

2nd Lvl rec:

Date: <u>AUG 24, 2021</u>	Offender (please print): <u>WENDELL WEAVER</u>	ID #: <u>1247387</u>	Race (optional): <u>BLACK</u>
Present Facility: <u>STATEVILLE C.C.</u>	Facility where grievance issue occurred: <u>STATEVILLE C.C.</u>		
Nature of grievance: <input type="checkbox"/> Personal Property <input type="checkbox"/> Mail Handling <input checked="" type="checkbox"/> Medical Treatment <input type="checkbox"/> ADA Disability Accommodation <input checked="" type="checkbox"/> Staff Conduct <input type="checkbox"/> Dietary <input type="checkbox"/> HIPAA <input type="checkbox"/> Restoration of Privileges <input type="checkbox"/> Transfer Denial by Facility <input type="checkbox"/> Other (specify): _____ <input type="checkbox"/> Disciplinary Report			
Date of report: _____		Facility where issued: _____	

Note: Protective Custody Denials may be grieved immediately via the local administration on the protective custody status notification.

Complete: Attach a copy of any pertinent document (such as a Disciplinary Report, Search Record, etc.) and place in the designated receptacle marked "grievance":

Counselor, unless the issue involves discipline, is deemed an emergency, or is subject to review by the Administrative Review Board Grievance Officer, only if the issue involves discipline at the present facility or issue not resolved by Counselor

Chief Administrative Officer, only if EMERGENCY grievance

Mail to Administrative Review Board, only if the issue involves protective custody, involuntary administration of psychotropic drugs, issues from another facility except medical and personal property issues, or issues not resolved by the Chief Administrative Officer.

Summary of Grievance (Provide information including a description of what happened, when and where it happened, and the name or identifying information for each person involved):

THE ABOVE OFFENDER HAS WENT OUT ON SEVERAL MEDICAL WRITS TO U.I.C OUTSIDE HOSPITAL AND CAME BACK AND STILL HAVEN'T SEEN A "MEDICAL DIRECTOR" SPECIFICALLY ABOUT MY SHOULDER(S) AND KNEE(S), WHERE I WENT OUT FOR M.R.T.'S? I SEEN DR. WENZEL THE MEDICAL DIRECTOR ALMOST (6) MONTHS AGO, IF NOT LONGER; AND SHE SPECIFICALLY TOLD ME MY SHOULDER (RIGHT) AND MY KNEE THE RIGHT, HAS TURN TOWARDS ROTATOR

Relief Requested:

SEND ME TO HAVE MY SURGERIES ON MY SHOULDER(S) AND KNEE(S) AND MY RIGHT ARM/ELBOW IF NEED BE, SEE THE MEDICAL DIRECTOR AND FIND OUT WHAT'S THE HOLD UP AND PROBLEM W/ MY ISSUE(S) AND GET STRONGER AFTER MEDICINE FOR MY ARM!

Check only if this is an EMERGENCY grievance due to a substantial risk of imminent personal injury or other serious or irreparable harm to self.

Check if this is NOT an emergency grievance.

Offender's Signature: _____

ID#

Date

(Continue on reverse side if necessary)

Counselor's Response (if applicable) Date Received: _____ ☐ Send directly to Grievance Officer

Outside jurisdiction of this facility. Send to: Administrative Review Board, PO Box 19277, Springfield, IL 62794-9277

Response:

Print Counselor's Name

Sign Counselor's Name

Date

Note to offender: If you disagree with the counselor's response, it is your responsibility to forward grievance with counselor's response to the grievance officer.

EMERGENCY REVIEW:

Date Received: 9/2/21

This determined to be of an emergency nature:

☒ Yes, expedite emergency grievance☐ No, an emergency is not substantiated. Offender should submit this grievance according to standard grievance procedure

Chief Administrative Officer's Signature

Date

Housing Unit: _____

Bed #: _____

Assigned Grievance #/Institution: _____

ILLINOIS DEPARTMENT OF CORRECTIONS
Offender's Grievance



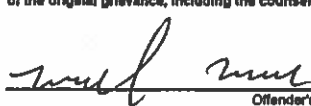
2nd Lvl rec: _____

1st Lvl rec: _____

CUFFS, ETC., SHE STOOD MY RIGHT KNEE HAS
A TORN (MUNTS) AND PROMISE TO
SEND ME BACK OUT BECAUSE BOTH REQUIRED
SURGERY? BUT NO ANSWER I HAVE TALKED
TO WARDEN OSBOURNE, AND WARDEN GOMEZ
PERSONALLY AND THEY DID NOTHING FOR ME OR
ABOUT THIS DELAY IN TREATMENT NO MATTER
HOW MUCH PAIN I TOLD BOTH OF THEM I WAS
IN, AND HOW LONG IT BEEN SINCE I SEEN
THE MEDICAL DIRECTOR, I AM IN EXCRUCIATING
PAIN AS I WRITE THIS GRIEVANCE AND NO ONE,
AND I MEAN NO ONE IS DOING NOTHING FOR ME!
DO MY SHOULDER AND KNEE NEED TO FALL
OFF TO GET SOME HELP AROUND HERE, I CAN
BARELY WALK AND MOVE MY ARM AND SHOULDER
AT TIMES! PLEASE HELP, I BEEN DEBILITATED
WITH THESE "INJURIES", MY RIGHT KNEE, AND
LEFT ONE, AND MY SHOULDER(S) FOR YEARS
NOW, AND BEEN COMPLAINTING THE WHOLE TIME,
AND FINALLY GOT THE X-RAYS - MRI - AND
SHOWS THE DAMAGE AND INJURIES, AND THEY (MEDICAL)
STILL NOT DOING NOTHING FOR ME? AND THE
WARDEN(S) GOMEZ AND OSBOURNE TURNING A
BLIND EYE TO MY COMPLAINTS, SO I NEED
SOMEONE ELSE TO PLEASE STEP IN, THE GRIEVANCE
OFFICER WON'T DO NOTHING AS WELL, ALL THE WAY
TO SPRINGFIELD, ETC. (THANKS)

Cd46

ILLINOIS DEPARTMENT OF CORRECTIONS
RESPONSE TO OFFENDER'S GRIEVANCE

Grievance Officer's Report		
Date Received: <u>09/10/2020</u>	Date of Review: <u>10/26/2021</u>	Grievance # (optional): <u>1626</u>
Offender: <u>Wendell Weaver</u>	ID#: <u>R47387</u>	
Nature of Grievance: <u>Medical Concerns</u>		
2744 1336 1193 851 1473 1329 737 761 573		
<p>Facts Reviewed:</p> <p>Facts Reviewed: Grievant claims on various grievances dating back to 9/10/20 about numerous medical and staff conduct issues.</p> <p>The following staff met with the grievant in person on 10/25/21 in the Healthcare Unit Conference Room to discuss the grievances and the grievant's issues: Assistant Warden Osborne, Dr. Henze, Michelle Smith, DON, Shirley Glenn, ADA Coordinator, Monaka Williams, Grievance Officer, Amy Gomez, Grievance Officer, and Anna McBee, Grievance Officer.</p> <p>Grievant claims in his grievances that he wants a CPAP machine, his left pinky is still messed up, he has right knee pain and wants an MRI, has High Blood Pressure and wants a single man cell, has issues catching his breath, has side effects from the Moderna vaccine, wants to be checked for myocarditis, wants to see a cardiologist, wants blood pressure medications, wants surgery on his shoulder and knees and claims several denials of blood pressure checks by medical staff.</p> <p>OVER</p>		
<p>Recommendation:</p> <p><i>Grievance is mixed. Staff Conduct is Denied. All medical issues are Affirmed; however, issues are being addressed or have been addressed.</i></p>		
Anna McBee <small>Print Grievance Officer's Name</small> <small>(Attach a copy of Offender's Grievance, including counselor's response if applicable)</small>		 <small>Grievance Officer's Signature</small>
Chief Administrative Officer's Response		
Date Received: <u>11/2/21</u>	<input checked="" type="checkbox"/> I concur <input type="checkbox"/> I do not concur <input type="checkbox"/> Remand	
Action Taken:		
 <small>Chief Administrative Officer's Signature</small>		<u>16</u> <u>11/3/21</u> <small>Date</small>
Offender's Appeal To The Director		
<small>I am appealing the Chief Administrative Officer's decision to the Director. I understand this appeal must, within 30 days after the date of the Chief Administrative Officer's decision, be received by the Administrative Review Board, P.O. Box 18277, Springfield, IL 62784-9277. (Attach a complete copy of the original grievance, including the counselor's response if applicable, and any pertinent documents.)</small>		
 <small>Offender's Signature</small>	<u>R47387</u> <small>ID#</small>	<u>11/10/21</u> <small>Date</small>

ILLINOIS DEPARTMENT OF CORRECTIONS
 RESPONSE TO OFFENDER'S GRIEVANCE (Continued)

Grievance Officer finds that grievant recognizes that several of his medical issues are from 2015/2018 and are untimely; however, he states he is still having issues. Per Dr. Henze and medical file review, Grievant did have a sleep study conducted several years ago and it was recommended he receive a mouth guard. Grievant indicated the mouth guard did not work. According to grievant's chart, grievant did not meet criteria for a CPAP machine. Grievant was supposed to receive an alternate treatment for his pinky finger. A 3rd surgery for his pinky finger was not optional. Grievant cant do physical therapy. Grievant did have an MRI of his knee and the HCU is currently waiting on an appointment with an orthopedic doctor. The procedure for such appointment was explained to the grievant. The HCU does not make those appointments. The facility who will be treating the grievant makes the appointment with the HCU. Grievant was told that due to COVID appointments are taking longer to schedule. Grievant is taking blood pressure medications as a watch/take. The watch/take was explained to him to ensure he understood it was not done as a punishment, but so Doctor Henze can better monitor his condition. Grievant received a CT of bell and abdomen with no remarkable results. Grievant is monitored by the healthcare unit for any side effects from the Moderna vaccine. Grievant did receive an MRI of his heart a week ago and once results are reported he will be seen to go over the results. Dr. Henze indicated she is waiting for ortho to schedule an appointment for his shoulder. Grievant was educated on his conditions and talked to about a proper diet and his age being a contributing factor to some of his concerns. The Healthcare Unit will follow-up with all pending appointments. Assistant Warden Osborne indicated to the grievant if had any issues with celling to contact his assigned counselor.

Grievant seemed to be receptive of the above information and recommendations for all of his medical concerns in the above listed grievances.

This Grievance Officer has no medical expertise or authority to contradict the doctor's/DON's/RN's recommendation / diagnosis.

J.B. Pritzker
Governor



Rob Jeffreys
Director

The Illinois Department of Corrections

1301 Concordia Court, P.O. Box 19277 • Springfield, IL 62794-9277 • (217) 558-2200 TDD: (800) 526-0844

Name: Weaver, Wendell

ID#: R47387

Facility: Stateville

11/22/21
Date

This is in response to your grievance received on 11/16/21. This office has determined the issue will be addressed without a formal hearing. A review of the Grievance, Grievance Officer/CAO response to the grievance has been conducted. For a grievance that is direct review by the ARB, a review of the Grievance has been conducted.

Your issue regarding: Grievance dated: 9/1/2020 - 9/27/21 Grievance Number: 1626 Griev Loc: Stateville

☐ Transfer denied by the Facility

☐ Dietary

☐ Personal Property

☐ Mailroom/Publications

☐ Assignment (job, cell)

☐ Commissary / Trust Fund

☐ Conditions (cell conditions, cleaning supplies, etc.)

☐ Disciplinary Report: Dated: _____ Incident # _____

☐ Other CPAP machine, Rt. Knee, Rt. shoulder, 1st Pinky, HBP, shortness of breath & b. vaccine reaction 3/27/21, HBP MEDS

Based on a review of all available information, this office has determined your grievance to be:

☐ Affirmed, Warden _____ is advised to provide a written response of corrective action to this office by _____.

☐ Denied, in accordance with DR504F, this is an administrative decision.

☒ Denied, this office finds the issue was appropriately addressed by the facility Administration.

☐ Other: _____

☐ Denied as the facility is following the procedures outlined in DR525.

☐ Denied as procedures were followed in accordance with DR 420 for removal/denial from/for an assignment.

☐ Denied as this office finds no violation of the grievant's due process in accordance with DR504.80 and DR504.30. This office is reasonably satisfied the offense cited in the report was committed.

FOR THE BOARD:

Debbie Knauer
Debbie Knauer
Administrative Review Board

CONCURRED:

Rob Jeffreys
Rob Jeffreys
Director

CC: Warden, Stateville Correctional Center

Weaver ID# R47387

Mission: To serve justice in Illinois and increase public safety by promoting positive change for those in custody, operating successful reentry programs, and reducing victimization.

Blank

Date: SEPT 12, 2017		Offender: WENDELL DEWEE (Please Print)	ID#: R47387
Present Facility: STATEVILLE O.C.		Facility where grievance issue occurred: STATEVILLE O.C.	

NATURE OF GRIEVANCE:

<input type="checkbox"/> Personal Property	<input type="checkbox"/> Mail Handling	<input type="checkbox"/> Restoration of Good Time	<input type="checkbox"/> ADA Disability Accommodation
<input checked="" type="checkbox"/> Staff Conduct	<input type="checkbox"/> Dietary	<input checked="" type="checkbox"/> Medical Treatment	<input type="checkbox"/> HIRING/DEPARTMENT
<input type="checkbox"/> Transfer Denial by Facility	<input type="checkbox"/> Transfer Denial by Transfer Coordinator	<input type="checkbox"/> Other (specify):	

☐ Disciplinary Report: _____
Date of Report: _____

Notes: Protective Custody Denials may be grieved immediately via the local administration on the protective custody status notification.

Complete: Attach a copy of any pertinent document (such as Disciplinary Report, Inmate Record, etc.) and send to:
 Counselor, unless the issue involves discipline, is deemed an emergency, or is subject to direct review by the Administrative Review Board.
 Grievance Officer, only if the issue involves discipline at the present facility or issue not resolved by Counselor.
 Chief Administrative Officer, only if EMERGENCY grievance.
 Administrative Review Board, only if the issue involves transfer denial by the Transfer Coordinator, protective custody, involuntary administration of psychotropic drugs, issues from another facility except personal property issues, or issues not resolved by the Chief Administrative Officer.

Summary of Grievance (Provide information including a description of what happened, when and where it happened, and the name or identifying information for each person involved):

ON SEPTEMBER 07, 2017 THE ABOVE OFFENDER PUT HIS NAME ON THE SICK CALL LIST. THE NEXT DAY "LYDIA" CAME OVER TO SEE ME, AND I TOLD HER THAT MY "FINGER" (LEFT PINKY) THE "SURGERY FINGER" HAS BEEN BOTHERING ME IN (EXTREME PAIN) I TOLD HER I NEEDED PAIN MED'S AND SHE TOLD ME I'M SCHEDULED TO SEE THE "MEDICAL DIRECTOR" ORAST FOR TUESDAY SEPT 12, 2017 BUT TO NO AVAIL" THEY DIDN'T CALL OR SEE ME, I ALSO TOLD HER ABOUT MY LOWER BACK PAIN, and RELIEF REQUESTED: GET ME TO A DOCTOR (OUTSIDE) FOR PAIN MEDICATION, AND SEND ME SOME OF "PHYSICAL THERAPY" FOR LEGAL CAUS, VISTS, LIBRARY?

☒ Check only if this is an EMERGENCY grievance due to a substantial risk of imminent personal injury or other serious or irreparable harm to self.

mmf/mm ID# R47387 Date 9, 12, 17

(Continue on reverse side if necessary)

Counselor's Response (if applicable)	
Date Received: <u>9, 16, 17</u>	<input type="checkbox"/> Send directly to Grievance Officer <input type="checkbox"/> Outside jurisdiction of this facility. Send to Administrative Review Board, P.O. Box 19277, Springfield, IL 62794-9277
Response: <u>A copy of this grievance has been forwarded to the H.C.U. for review and response, the original to the Grievance Officer. You don't have to send your copy to either the H.C.U. or Grievance Officer. You will receive a final response from the Grievance Officer when the H.C.U. responds to same.</u> <u>J. Butler</u> <u>T. Butler-Winters</u> 9/16/17 Print Counselor's Name Counselor's Signature Date of Response	

EMERGENCY REVIEW	
Date Received: <u>9, 14, 17</u>	Is this determined to be of an emergency nature? <input type="checkbox"/> Yes; expedite emergency grievance <input checked="" type="checkbox"/> No; an emergency is not substantiated. Offender should submit this grievance in the normal manner.
<u>[Signature]</u> <u>9, 14, 17</u> Chief Administrative Officer's Signature Date	

OFFENDER'S GRIEVANCE (Continued)

(PAIN EXCRUCIATING)

(BOTH SHOULDERS)

ELBOW PAINS ON MY LEFT ARM, AND FINALLY MY KNEE(S) BOTH OF THEM ARE HURTING... SHE TOLD ME TO EXPLAIN EVERYTHING TO THE MEDICAL DIRECTOR, BUT HOW CAN I IF SHE DIDN'T MAKE ME AN APPOINTMENT? SHE TOLD ME I HAVE ONE COMING UP TODAY, BUT I DIDN'T GO. I USED TO SEE SOMEBODY BECAUSE I AM IN PAIN, ESPECIALLY MY PINKY FINGER, PLEASE CALL ME, SOON AND SEND ME SOME MEDICATION FOR PAIN. SHE ALSO TOLD ME "HOLLA" THE PHYSICAL THERAPIST KICK ME OUT BECAUSE I HAD URGENT CALLS, VISTS (THANKS) ETC. ON THE DAYS HE SCHEDULED ME.

NOT TO MENTION (LAW-LIBRARY) PLUS MY FINGER IS IN SO MUCH PAIN I CAN'T DO PHYSICAL THERAPY FOR THAT ANYHOW! (THE FINGER, KNEES & LOWER BACK) 3 (ELBOWS) (SHOULDERS) NEED MEDICAL TREATMENT / AND M.R.I.'S TO SEE WHAT'S THE REAL PROBLEM!

TODAY IS SEPTEMBER 14, 2017, I GOT MY GRIEVANCE BACK SAYING IT'S NOT AN EMERGENCY SO THEY SENT IT BACK, TO COME FROM THE ORIGINAL GRIEVANCE ABOVE, I DID SEE THE MEDICAL DIRECTOR YESTERDAY (WEDNESDAY SEPT 13, 2017, AND EXPLAIN MY (PAIN) AND EVERYTHING I EXPLAIN TO "LYDIA" AND HE STILL DIDN'T GIVE ME NOTHING FOR PAIN. HE ORDERED SOME MORE LOWER BRACES / NOT BRACES BUT SOME CLOT / LOWER STABILIZERS I GUESS, WHICH DON'T DO NOTHING FOR THE PAIN IN MY KNEES, (NO PAIN MEDS) PLUS MY FINGER IS / AND HAS BEEN IN EXCRUCIATING PAIN SINCE MY SURGERY BACK IN (2015) MY LOWER BACK IS KILLING ME AND MY ELBOW, HE ORDERED SOME (MUSCLE RUB) AND TOLD ME TO USE THAT, AND HE'LL SEE ME IN (6) MONTHS, I'LL BE DEAD IN SOME MONTHS W/ THE PAIN I'M IN, PLEASE DO SOMETHING ABOUT THIS. HE ALSO ORDERED ME AN BACK STABILIZER, BUT THIS NOT GOING TO DO NOTHING FOR PAIN... — THANKS —

P.S. I HAVEN'T HAD NO PAIN MEDS FOR MY FINGER, SINCE THE POST SURGERY A FEW WEEKS AFTER THE FACT, BACK IN 2015.

KNEE, SHOULDER

ILLINOIS DEPARTMENT OF CORRECTIONS
OFFENDER'S GRIEVANCE

3024

Date: 10-17-17	Offender: (Please Print) WENDELL LEAVER	ID#: R47387
Present Facility: STATEVILLE C.C.	Facility where grievance issue occurred: STATEVILLE C.C.	
NATURE OF GRIEVANCE: <input type="checkbox"/> Personal Property <input type="checkbox"/> Mail Handling <input type="checkbox"/> Restoration of Good Time <input type="checkbox"/> ADA Disability Accommodation <input checked="" type="checkbox"/> Staff Conduct <input type="checkbox"/> Dietary <input checked="" type="checkbox"/> Medical Treatment <input type="checkbox"/> H.P.A.A. <input type="checkbox"/> Transfer Denial by Facility <input type="checkbox"/> Transfer Denial by Transfer Coordinator <input type="checkbox"/> Other (specify): _____ <input type="checkbox"/> Disciplinary Report: _____ Date of Report: _____ Facility where issued: _____		
Note: Protective Custody Denials may be grieved immediately via the local administration on the protective custody status notification. Complete: Attach a copy of any pertinent document (such as a Disciplinary Report, Shakedown Report, etc.) and send to the Administrative Review Board, unless the issue involves discipline, is deemed an emergency, or is subject to direct review by the Administrative Review Board. Grievance Officer, only if the issue involves discipline at the present facility or issue not resolved by Counselor. Chief Administrative Officer, only if EMERGENCY grievance. Administrative Review Board, only if the issue involves transfer denial by the Transfer Coordinator, protective custody, involuntary administration of psychotropic drugs, issues from another facility except personal property issues, or claims not resolved by the Chief Administrative Officer.		
Summary of Grievance (Provide information including a description of what happened, when and where it happened, and the name or identifying information for each person involved): <u>ON TODAY'S DATE,</u> <u>THE ABOVE OFFENDER SAW DR. ORATSI, FOR A BULID UP "I GUESS</u> <u>OR FOR AN UNREPAIRED ISSUE, WHEN THE ABOVE OFFENDER TOLD</u> <u>HIM THE "MUSCLE BUR", KNEE CLOTH STABILIZER" AND BACK</u> <u>SUPPORT WASN'T HELPING MY PAIN / AND SITUATIONS, MY SKELE-</u> <u>-DER'S ARE POPPING / AND IS "KONE ON KONE" SAME WITH MY</u> <u>KNEES THEY ARE POPPING MAKING NOISE'S, BOTH HAS</u> <u>BEEN DOING THIS FOR SOME YEARS NOW, AND EVERY TIME I</u> <u>TELL DR. ORATSI, HE DOES NOTHING! HE GAVE ME SOME</u> <u>TYLINOOLS, FOR PAIN IN MY SHOULDER FINGER THAT HAS</u> Relief Requested: <u>GIVE ME STRONG PAIN PILLS, GET ME TO A BONE</u> <u>SPECIALIST / AND OR M.R.I TO SEE THE REAL PROBLEM</u> <u>WITH MY SHOULDER(S), KNEE(S), ELBOW, AND LOWER BACK PAIN</u> <input checked="" type="checkbox"/> Check only if this is an EMERGENCY grievance due to a substantial risk of imminent personal injury or other serious or irreparable harm to self.		
<u>[Signature]</u> Offender's Signature	R47387 ID#	10/17/17 Date

(Continue on reverse side if necessary)

Counselor's Response (if applicable) Date Received: 11/16/17 <input type="checkbox"/> Send directly to Grievance Officer <input type="checkbox"/> Outside jurisdiction of this facility. Send to Administrative Review Board, P.O. Box 19277, Springfield, IL 62794-9277 Response: <u>A copy of this grievance has been forwarded to the HCU for</u> <u>review and response and a copy to the Grievance Office. There</u> <u>is no need to send your copy to the Grievance Office or HCU. You</u> <u>will receive a final response from the Grievance Office when the HCU responds</u> <u>T. Butler - [Signature]</u> <u>[Signature]</u> 11/25/17 Print Counselor's Name Counselor's Signature Date of Response		
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EMERGENCY REVIEW Date Received: 11/14/17 Is this determined to be of an emergency nature? <input type="checkbox"/> Yes; expedite emergency grievance <input checked="" type="checkbox"/> No; an emergency is not substantiated. Offender should submit this grievance in the normal manner. <u>[Signature]</u> 11/14/17 Chief Administrative Officer's Signature Date	
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BEING KILLING ME TO SAY THE LEAST, THE SHOULDERS
 ARE "POPPING" "BONE ON BONE PAIN" THE LOWER BACK
 PAIN AND THE "POPPING" "BONE ON BONE" KNEE(S)
 PAIN, WHICH DOES (NOTHING FOR THE PAIN)
 MY ELBOW "LEFT ARM" IS ALSO PAINING, THE
 TENDONS ARE NOT HELPING, I NEED TO SEE
 A BONE ~~PHYSICIAN~~ DOCTOR TO SEE WHY IS MY BONES
 POPPING AND IN SO MUCH PAIN, MY BLOOD PRESSURE
 CHECKS HAS BEEN HIGH DUE TO THIS EXTREME PAIN
 I'M IN! PLEASE DO SOMETHING ABOUT THIS, I TELL
 THE MED TECH'S THIS EVERYTIME THEY CHECK MY BLOOD
 PRESSURE (WHICH IS OVER 140/90) BUT TO NO AVAIL.
 PLEASE HELP ME. DR. ORALIST TOLD ME THAT'S ALL THE MED-
 -CINE HE WAS GOING TO GIVE ME AND HAVE A NICE DAY!
 AND THERE NOTHING ELSE THAT CAN BE DONE FOR MY SURGERY
 PINKY FINGER (AND THE PAIN).

(AND A "BED"

BUT I REQUEST: NEW MATTRESS, MAY ~~THE~~
 COULD HELP MY LOWER BACK PAIN.

ILLINOIS DEPARTMENT OF CORRECTIONS
RESPONSE TO COMMITTED PERSON'S GRIEVANCE

B024

Grievance Officer's Report	
Date Received: 11/28/17	Date of Review: 1/25/18
Committed Person: Wendell Weaver	Grievance # 324 ID #: R47387
Nature of Grievance: Medical Treatment	
<p>Facts Reviewed: Grievant claims on a grievance dated 10/17/17 that he was seen by Dr. Obasi on 10/17/17. Offender claims that he told Dr. Obasi the muscle rub, knee cloth stabilizer and back support were not helping his pain. Offender also claims that his knees and sholders are 'popping.' Offender claims that he was prescribed Tylenol for pain in his finger on which he had surgery. Offender also claims that he is experiencing pain in his lower back, left elbow, high blood pressure and needs to see a bone specialist.</p> <p>Grievance Officer finds according to Health Care Unit staff "After reviewing offender's medical record. He has been seen regarding his issues several times. He was seen by Dr. Obasi on 12/13/17 blood work (came back within normal limits) ordered and medication change. Follow up in 2 weeks. He was seen by Dr. Sood 12/27/17 no change in medication, referred to UIC. He does have an approved appointment to UIC Ortho.</p> <p style="text-align: center;">. . .</p> <p>This Grievance Officer has no medical expertise or authority to contradict the doctor's/DON's/RN's recommendation / diagnosis.</p> <p>Recommendation: Denied as grievant appears to be receiving medical care at this time.</p>	
<u>David Mansfield, CCII</u> <small>Print Grievance Officer's Name</small>	 <small>Grievance Officer's Signature</small>
<small>(Attach a copy of Committed Person's Grievance, including counselor's response if applicable)</small>	

Chief Administrative Officer's Response	
Date Received: <u>1/26/18</u>	<input checked="" type="checkbox"/> I concur <input type="checkbox"/> I do not concur <input type="checkbox"/> Remand
<p>Comments:</p> <div style="display: flex; justify-content: space-between; align-items: flex-end; margin-top: 20px;"> <div style="width: 45%;"> <small>Chief Administrative Officer's Signature</small> </div> <div style="width: 45%; text-align: right;"> <u>1/26/18</u> <small>Date</small> </div> </div>	
Committed Person's Appeal To The Director	
<p>I am appealing the Chief Administrative Officer's decision to the Director. I understand this appeal must be submitted within 30 days after the date of the Chief Administrative Officer's decision to the Administrative Review Board, P.O. Box 19277, Springfield, IL 62789-9277. (Attach a complete copy of the original grievance, including the counselor's response, if applicable, and any pertinent documents.)</p>	
 <small>Committed Person's Signature</small>	<div style="display: flex; justify-content: space-between;"> <div> <u>R47387</u> <small>ID#</small> </div> <div> <u>2/14/18</u> <small>Date</small> </div> </div>

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OFFENDER'S GRIEVANCE

Date: DEC. 18, 2017	Offender: (Please Print) WENDELL LEAVER	ID#: R47387
Present Facility: STATEVILLE C.C.	Facility where grievance issue occurred: STATEVILLE C.C.	
NATURE OF GRIEVANCE: <input type="checkbox"/> Personal Property <input type="checkbox"/> Mail Handling <input type="checkbox"/> Restoration of Good Time <input type="checkbox"/> ADA Disability Accommodation <input checked="" type="checkbox"/> Staff Conduct <input type="checkbox"/> Dietary <input checked="" type="checkbox"/> Medical Treatment <input type="checkbox"/> HIPAA <input type="checkbox"/> Transfer Denial by Facility <input type="checkbox"/> Transfer Denial by Transfer Coordinator <input type="checkbox"/> Other (specify): _____ <input type="checkbox"/> Disciplinary Report: _____ / _____ / _____ <div style="display: flex; justify-content: space-between;"> Date of Report Facility where issued </div>		
<p>Note: Protective Custody Denials may be grieved immediately via the local administration on the protective custody status indication.</p> <p>Complete: Attach a copy of any pertinent document (such as a Disciplinary Report, Shakedown Record, etc.) and send to STATEVILLE C.C. Counselor, unless the issue involves discipline, is deemed an emergency, or is subject to direct review by the Administrative Review Board. Grievance Officer, only if the issue involves discipline at the present facility or issue not resolved by Counselor. Chief Administrative Officer, only if EMERGENCY grievance. Administrative Review Board, only if the issue involves transfer denial by the Transfer Coordinator, protective custody, involuntary administration of psychotropic drugs, issues from another facility except personal property issues, or issues not resolved by the Chief Administrative Officer.</p>		
<p>Summary of Grievance (Provide information including a description of what happened, when and where it happened, and the name or identifying information for each person involved):</p> <p>ON DECEMBER 01, 2017, I SEEN DR. WILLIAMS ABOUT MY SHOULDER(S), KNEE(S), FINGER, LOWER BACK PAIN, and LEFT ELBOW PAIN... IN REVIEWING MY CHART(S) X-RAYS ETC. SHE INFORMED ME, I HAD SOMETHING CALLED "BONE SPURS" and THIS COULD BE A REASON FOR MY PAIN. I NEVER WAS TOLD BY "NO ONE" - MEDICAL PERSONNEL - ABOUT THIS. DR. DBAKSI NEVER, EVER MENTION THIS TO ME (AFTER YEARS OF ME COMPLAINING ABOUT ALL THIS PAIN I HAVE BEEN IN. SO SHE RECOMMENDED MR. BICK</p> <p>Relief Requested: HELP ME FIND OUT WHATS WRONG, AND JUVENING ALL THIS PAIN, and see IF THESE "BONE SPURS" THE PROBLEM THRU AND M.R.I. OR WHATEVER TO DETERMINE THE PROBLEM(S).</p> <p><input checked="" type="checkbox"/> Check only if this is an EMERGENCY grievance due to a substantial risk of imminent personal injury or other serious or irreparable harm to self.</p> <p><u>[Signature]</u> <u>R47387</u> <u>12, 18, 17</u> Offender's Signature ID# Date</p> <p>(Continue on reverse side if necessary)</p>		

Counselor's Response (if applicable)		
Date Received: 2, 7, 18	<input type="checkbox"/> Send directly to Grievance Officer	<input type="checkbox"/> Outside jurisdiction of this facility. Send to Administrative Review Board, P.O. Box 19277, Springfield, IL 62794-9277
<p>Response: A copy of this grievance has been forwarded to the HCLC for review and response and the original to the Grievance office. There is no need to send your copy to the Grievance Office or HCLC you will receive a final response from Grievance Office when HCLC responds to same.</p> <p><u>T. Butler-Winters</u> <u>[Signature]</u> <u>2, 7, 18</u> Print Counselor's Name Counselor's Signature Date of Response</p>		

EMERGENCY REVIEW	
Date Received: 1, 24, 18	Is this determined to be of an emergency nature?
<u>[Signature]</u> Chief Administrative Officer's Signature	<input type="checkbox"/> Yes; expedite emergency grievance <input checked="" type="checkbox"/> No; an emergency is not substantiated. Offender should submit this grievance in the normal manner.
	<u>1, 24, 18</u> Date

BACK TO THE MEDICAL DIRECTOR DR. DBAISI, ON DECEMBER 13, 2017 I SEEN DR. DBAISI and explain my EXCRUCIATING PAIN IN MY SHOULDER(S) KNEES, and LOWER BACK, FINGER, and LEFT ELBOW, PLUS WHAT DR. WILLIAMS told me ABOUT THE "BONE SPURS" HE told me I WAS GOING BACK OUT TO U.I.C. FOR MY FINGER, BUT HE CAN'T DO NOTHING FOR MY OTHER CONDITIONS. I EVEN SHOWED HIM HOW I COULD BARELY RAISE MY ARM(S) TO "CHEST LEVEL" and HOW MUCH PAIN I WAS IN and HOW LONG I BEEN DEALING WITH THESE PROBLEMS. HE ASK ME HOW LONG, I TOLD HIM, IT'S IN THE "MEDICAL CHART'S" DATING BACK AT LEAST 6-7 YEARS AGO.... SO HE GAVE ME SOME MORE PILLS (INDOMETHACIN) and told me TO HAVE A "NICE DAY". BEFORE I LEFT HIS OFFICE, I ASK HIM WHEN I GO TO U.I.C. CAN HE PUT IN THAT ^(APPOINTMENT) THEY SEE ME FOR MY OTHER ISSUE(S) HE SAID HE COULDN'T DO THAT BECAUSE WEXFORD HAVEN'T APPROVED ME FOR THAT /OR THEM ISSUES. SO I SAID CAN I TALK TO THEM ABOUT MY OTHER ISSUES? HE SAID "BROTHER THIS IS A FREE COUNTRY" and SAID YOU CAN LEAVE NOW. ON DECEMBER 14, 2017, I WENT TO U.I.C. FOR MY "FINGER" and THE DR. THERE TOLD ME, HE CAN'T DO NOTHING FOR ^(my) FINGER MOBILITY / BUT FOR THE PAIN, and THIS NOT 100% TO STOP MY PAIN BUT IT MAY HELP, HE COULD "FUSE THE BONES TOGETHER" BUT IT WOULD NOT GUARANTEE THE PAIN WOULD SUBSIDE. THIS MIGHT BE SOMETHING I HAVE TO LIVE WITH.... THEN I TOLD THEM ABOUT MY OTHER ISSUE(S) SHOULDER(S) THE "POPPING" I BEEN EXPERIENCE, MY KNEE(S) THE POPPING and PAIN I'm IN, MY LEFT ELBOW and HOW IT HURTS, HOW I'm UNABLE TO SLEEP, and MY LOWER BACK PAIN, THE SAME THING I BEEN COMPLAINING TO DR. DBAISI ABOUT. THE POPPING THE DR. AT U.I.C. SAID COULD BE SERIOUS, SO SHE PUT IN A REFERRAL TO SEE ANOTHER BONE DOCTOR FOR MY SHOULDER(S) and KNEE(S), ELBOW, ^(AND SENT IT TO STATEVILLE) THEY DIDN'T MENTION MY LOWER BACK PAIN... I'm WORRIED THAT MY SHOULDER(S) KNEE(S) BEEN OUT OF WACK, ^(FOR) SO LONG I MAY NEED A SURGERY / OR ^(HANG) PERMANENTLY DAMAGE WHICH MAY EFFECT MY "RANGE and MOBILITY" DUE TO DR. DBAISI DELAY IN TREATMENT LIKE MY FINGER DID! CAN SOME BODY PLEASE HELP ME and DO SOMETHING ABOUT THIS.. (PLEASE)

RESPECTFULLY,

Lundell Weavers

-THANKS-

ILLINOIS DEPARTMENT OF CORRECTIONS
OFFENDER'S GRIEVANCE

Date: JAN 29, 2018 Offender: LEWENDELL WEBER ID#: 1247387

Present Facility: STATEVILLE C.C. Facility where grievance issue occurred: STATEVILLE C.C.

NATURE OF GRIEVANCE:

☐ Personal Property ☐ Mail Handling ☐ Restoration of Good Time ☐ ADA Disability Accommodation

☒ Staff Conduct ☐ Dietary ☒ Medical Treatment ☐ HIPAA

☐ Transfer Denial by Facility ☐ Transfer Denial by Transfer Coordinator ☐ Other (specify) _____

☐ Disciplinary Report: _____ Date of Report _____ Facility where issued _____

Note: Protective Custody Denials may be grieved immediately via the local administration on the protective custody status notification.

Complete: Attach a copy of any pertinent document (such as a Disciplinary Report, Shakedown Record, etc.) and send to: **RECEIVED**
Counselor, unless the issue involves discipline, is deemed an emergency, or is subject to direct review by the Administrative Review Board.
Grievance Officer, only if the issue involves discipline at the present facility or issue not resolved by Counselor.
Chief Administrative Officer, only if EMERGENCY grievance.
Administrative Review Board, only if the issue involves transfer denial by the Transfer Coordinator, protective custody, involuntary
administration of psychotropic drugs, issues from another facility except personal property issues, or issues not resolved by the Chief
Administrative Officer. **FEB 20 2018**
ILLINOIS DEPARTMENT OF CORRECTIONS
GRIEVANCE DEPARTMENT
BY: [Signature]

Summary of Grievance (Provide information including a description of what happened, when and where it happened, and the name of identifying information for each person involved):

ON DECEMBER 27 OR THE 28TH OF 2017, THE ABOVE
OFFENDER WAS SEEN BY "MEDICAL DIRECTOR DR. E. FROM
A FOLLOW UP AT U.I.C. HOSPITAL VISIT, AND WAS
TOLD BY THE OFFENDER WHAT THE P.R.S (DOCTORS) AT
U.I.C. SAID IN REGARDS TO MY FINGER, SHOULDER(S)
AND KNEE(S) ABOUT THEY "RECOMMEND"
DE THEY "BONE SPECIALIST" / BONE DOCTOR IN REGARDING
MY CHRONIC PAIN AND POPPING IN MY SHOULDER(S)
KNEE(S) LEFT ELBOW, THEY SENT STATEVILLE A →

Relief Requested: FOUND OUT WHY I'M IN SO MUCH PAIN AND
WHY MY KNEE(S) SWELLING UP? AND POPPING STOMACH
WITH MY SHOULDER(S) AND ELBOW, AND LOWER BACK.

☒ Check only if this is an EMERGENCY grievance due to a substantial risk of imminent personal injury or other serious or irreparable harm to self.

Wmrl mm # 1247387 1, 29, 18
Offender's Signature ID# Date

(Continue on reverse side if necessary)

Counselor's Response (If applicable)

Date Received: _____ ☐ Send directly to Grievance Officer ☐ Outside jurisdiction of this facility. Send to Administrative Review Board, P.O. Box 19277, Springfield, IL 62784-9277

Response: _____

Print Counselor's Name _____ Counselor's Signature _____ Date of Response _____

EMERGENCY REVIEW

Date Received: 2, 22, 18 Is this determined to be of an emergency nature? ☐ Yes; expedite emergency grievance ☒ No; an emergency is not substantiated. Offender should submit this grievance in the normal manner.

Walter Nichols 2, 22, 18
Chief Administrative Officer's Signature Date

Distribution: Master File Offender File

Page 1

LECTURE FOR SUCH ON THAT START DAY
 I RETURNED ON DECEMBER 14TH 2017 WHICH
 DE, E DISCUSS WITH ME, and SAID HE WAS
 GOING TO PUT IN HIS REFERRAL TO WEXFORD
 TO SEE IF THEY WOULD APPROVE ME. I GOT A
 GRIEVANCE BACK YESTERDAY, SAYING I'M APPROVE
 TO SEE W.I.C. BONE SPECIALIST, BUT THAT WAS
 IT. SEE, GRIEVANCE # 324 DATED 1-25-18 I AM
 IN EXCRUCATING PAIN AS I WRITE THIS GRIEVANCE
 AND HAVE BEEN FOR THE PAST THREE (3) YEARS OR
 LONGER, I KNOW SOMETHING IS WRONG WITH
 MY SHOULDER(S) AND KNEE(S) DUE TO THE
 PAIN AND PERSISTENT SURGICALS, CAN SOMEONE
 PLEASE TELL ME WHY I HAVEN'T RECEIVED
 MY HELP IN THIS REGARD? EVERY TIME
 I WAIT FOR A LONG RECORD OF TIME OR
 STAND ON MY FACT MY KNEE(S) SWELL UP.
 MY ARMS CAN'T GO ABOVE MY CHEST LEVEL,
 IT'S HARD FOR ME TO WASH UP AND USE
 THE RESTROOM, OR EVEN SLEEP, MY LOWER
 BACK IS KILLING ME, THE MED'S THEY HAVE
 GIVEN ME DOES NOTHING FOR THE PAIN
 PLEASE HELP ME.

P.S. I'M AFRAID - THANKS -
 MY SHOULDER(S) AND
 KNEE(S) BACK, (HOW WILL NEED
 SURGERY BUT IN THE MEANTIME THE
 MEDICAL DEPARTMENT BEEN INTERFERING
 ON MY WITH TREATING MY COMPLAINTS AND PAIN.

Date: 3-9-2018		Offender: (Please Print) WENDELL WEAVER	ID#: R47387
Present Facility: STATEVILLE C.C.		Facility where grievance issue occurred: STATEVILLE C.C.	

NATURE OF GRIEVANCE:

<input type="checkbox"/> Personal Property	<input type="checkbox"/> Mail Handling	<input type="checkbox"/> Restoration of Good Time	<input type="checkbox"/> ADA Disability Accommodation
<input checked="" type="checkbox"/> Staff Conduct	<input type="checkbox"/> Dietary	<input checked="" type="checkbox"/> Medical Treatment	<input type="checkbox"/> HIPAA
<input type="checkbox"/> Transfer Denial by Facility	<input type="checkbox"/> Transfer Denial by Transfer Coordinator		<input type="checkbox"/> Other (Specify):
<input type="checkbox"/> Disciplinary Report: _____		Date of Report: _____ Facility where issued: _____	

Note: Protective Custody Denials may be grieved immediately via the local administration on the protective custody status notification.

Complete: Attach a copy of any pertinent document (such as a Disciplinary Report, Shakedown Record, etc.) and send to the Facility Grievance Officer, unless the issue involves discipline, is deemed an emergency, or is subject to direct review by the Administrative Review Board. Grievance Officer, only if the issue involves discipline at the present facility or issue not resolved by Counselor. Chief Administrative Officer, only if EMERGENCY grievance. Administrative Review Board, only if the issue involves transfer denial by the Transfer Coordinator, protective custody, involuntary administration of psychotropic drugs, issues from another facility except personal property issues, or issues not resolved by the Chief Administrative Officer.

Summary of Grievance (Provide information including a description of what happened, when and where it happened, and the name or identifying information for each person involved):

IN JANUARY 2018, THE ABOVE OFFENDER HURT HIS RIGHT ARM & FORE-ARM - AND - RIGHT BICEP DURING A BASKETBALL GAME. DR. WILLIAMS SEEN THE OFFENDER A FEW HOURS LATER and NOTICE THE GROOKED FORE ARM and BICEP MUSCLE LOOKED DEFORMED, SO HE SENT THE OFFENDER OUT TO ST. JOSEPH HOSPITAL IN IDLEH. THEY DID X-RAYS ON THE BONES and SAID THEY WERE NEGATIVE and SENT ME BACK TO STATEVILLE. NOT CHECKING THE MUSCLES OR TO SEE IF ANY MUSCLE HAD

Relief Requested: **PAIN MEDS FOR MY ARM - AND - SEND ME TO SEE WHY MY ARM - BICEP IS HURTING and PLPAIN, MY SHOULDER, KNEE(S) LOOVED? BACK PAIN - LEFT ELBOW - and NEW BLOOD PRESSURE MEDS, and WHY IT'S HIGH!**

☒ Check only if this is an EMERGENCY grievance due to a substantial risk of imminent personal injury or other serious or irreparable harm to self.

Offender's Signature: _____ ID#: **R47387** Date: **3, 19, 18**

(Continue on reverse side if necessary)

Counselor's Response (if applicable)	
Date Received: 4, 19, 18	<input type="checkbox"/> Send directly to Grievance Officer <input type="checkbox"/> Outside jurisdiction of this facility. Send to Administrative Review Board, P.O. Box 19277, Springfield, IL 62794-9277
Response: A copy of this grievance has been forwarded to the H.C.U. for review and response and the original to the grievance office. You don't need to send your copy to the H.C.U. or grievance office. You will receive a final response when the H.C.U. responds to you.	
Print Counselor's Name: T. Butler-Winters	Counselor's Signature: _____ Date of Response: 4, 19, 18


EMERGENCY REVIEW	
Date Received: 4, 4, 18	FEB 23 2019
Is this determined to be of an emergency nature? <input type="checkbox"/> Yes, emergency grievance <input checked="" type="checkbox"/> No, an emergency is not substantiated. Offender should submit this grievance in the normal manner.	
Chief Administrative Officer's Signature: _____	Date: 4, 19, 18

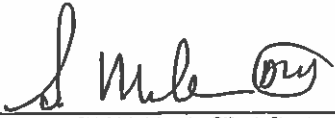
TORE^(10/17) TEARS, ETC. OVER THE FOLLOWING MONTHS MY SYMPTOMS NEVER IMPROVED and my ARM - BICEP CONTINUE TO HURT, ESPECIALLY WHILE BENDING, SO I PAID \$5 DOLLARS TO SEE A DR. AGAIN, VIS. WILLIAMS, IS WHO I SAW ON FEB 20, 2018, SHE EXAMINED MY ARM AGAIN NOTICING THE DEFORMITY and REFER ME TO (PHYSICAL THERAPY) BUT TO NO-AVAIL today is 3-19-18 and I STILL HAVEN'T BEEN CALL TO PHYSICAL THERAPY. MY ARM AND BICEP CONTINUES TO HURT AS WELL AS MY SHOULDER(S) KNEE(S) LOWER BACK, AND LEFT ELBOW. ON MARCH 15, 2018 I SAW DR. B THE MEDICAL DIRECTOR and HE EXAMINED MY ARM, BUT SAID MY OTHER ISSUES IS NOT WHAT I'M THERE FOR, HE SEEN THE DEFORMITY of my ARM AS WELL, and SAID HE'S GOING TO PUT ME IN and THAT WAS IT. SO I TOLD HIM ABOUT MY BLOOD PRESSURE MEDICINE NOT WORKING NO MORE and CHEST PAINS, my BLOOD PRESSURE WAS 180/108 - I BEEN HAVING HEADACHES - DIZZINESS - BLURRY VISION ETC. SO HE GAVE ME AN EKG and SAID EVERYTHING WAS NORMAL and GAVE ME a CLONIDINE BUCK PILL to REDUCE MY BLOOD PRESSURE. WHEN I TOOK IT TOO 140/90 and ORDER CHECKS, THIS IS FOUR (4) DAYS LATER and NO ONE CAME TO CHECK MY BLOOD PRESSURE, I'M STILL FEELING THOSE SYMPTOMS I SPOKE ON EARLIER SOMEONE PLEASE DO SOMETHING I DON'T WANT TO HAVE A STROKE NOR HEART ATTACK.


THANK-YOU.

ILLINOIS DEPARTMENT OF CORRECTIONS
RESPONSE TO COMMITTED PERSON'S GRIEVANCE

B624

Grievance Officer's Report		
Date Received: 4/30/18	Date of Review: 1/11/19	Grievance # 2864
Committed Person: Wendell Weaver	ID #: R47387	
Nature of Grievance: Medical Treatment		
<p>Facts Reviewed: Grievant claims on a grievance written 3/9/18 that he wants proper care for an injury to his arms from playing basketball.</p> <p>Grievance Officer finds that per Medical Staff, "After reviewing the offender's medical record Offender Wendell seen in HCU 3/15/18 new order for ultrasound of right bicep, blood pressure daily x5 days, and EKG. Offender informed to call med tech with any issues. 5/2/18 ultrasound done. 6/5/18 seen Dr. Okezie referred to UIC orthopedic for right bicep with blood pressure daily x 2 weeks. Physical Therapy pending. Offender follows UIC cardio. If offender has any more issues he should follow the proper sick call procedures including the copay."</p> <p><i>This Grievance Officer has no medical expertise or authority to contradict the doctor's/DON's/RN's recommendation / diagnosis.</i></p>		
<div style="border: 1px solid black; padding: 5px; display: inline-block;"> RECEIVED FEB 28 2019 ADMINISTRATIVE REVIEW BOARD </div>		
<p>Recommendation: Grievance is MOOT as grievant appears to be receiving medical care at this time.</p>		
<p>Anna McBee, CCII</p>		 <small>Grievance Officer's Signature</small>
<small>Print Grievance Officer's Name (Attach a copy of Committed Person's Grievance, including counselor's response if applicable)</small>		

Chief Administrative Officer's Response			
Date Received: <u>1-28-19</u>	<input checked="" type="checkbox"/> I concur	<input type="checkbox"/> I do not concur	<input type="checkbox"/> Remand
<p>Comments:</p> <div style="display: flex; justify-content: space-between; align-items: flex-end; margin-top: 20px;"> <div style="width: 60%;">  <small>Chief Administrative Officer's Signature</small> </div> <div style="width: 35%; text-align: right;"> <u>1-28-19</u> <small>Date</small> </div> </div>			

Committed Person's Appeal To The Director		
<p>I am appealing the Chief Administrative Officer's decision to the Director. I understand this appeal must be submitted within 30 days after the date of the Chief Administrative Officer's decision to the Administrative Review Board, P.O. Box 19277, Springfield, IL 62794-9277. (Attach a complete copy of the original grievance, including the counselor's response, if applicable, and any pertinent documents.)</p>		
 <small>Committed Person's Signature</small>	<u>R47387</u> <small>ID#</small>	<u>1-20-19</u> <small>Date</small>

Blank

ILLINOIS DEPARTMENT OF CORRECTIONS
OFFENDER'S GRIEVANCE

Date: 07-05-2018	Offender: (Please Print) <u>LEWENDELL LEAVER</u>	ID#: <u>R47387</u>
Present Facility: <u>STATEVILLE D.C.</u>	Facility where grievance issue occurred: <u>STATEVILLE D.C.</u>	

NATURE OF GRIEVANCE:

<input type="checkbox"/> Personal Property	<input type="checkbox"/> Mail Handling	<input type="checkbox"/> Restoration of Good Time	<input type="checkbox"/> ADA Disability Accommodation
<input checked="" type="checkbox"/> <u>Staff Conduct</u>	<input type="checkbox"/> Dietary	<input checked="" type="checkbox"/> <u>Medical Treatment</u>	<input type="checkbox"/> HIPAA
<input type="checkbox"/> Transfer Denial by Facility	<input type="checkbox"/> Transfer Denial by Transfer Coordinator		<input type="checkbox"/> Other (specify): _____
<input type="checkbox"/> Disciplinary Report: _____			

Date of Report: _____ Facility where issued: _____

Note: Protective Custody Denials may be grieved immediately via the local administration on the protective custody status notification.

Complete: Attach a copy of any pertinent document (such as a Disciplinary Report, Shakedown Record, etc.) and send to:
 Counselor, unless the issue involves discipline, is deemed an emergency, or is subject to direct review by the Administrative Review Board.
 Grievance Officer, only if the issue involves discipline at the present facility or issue not resolved by Counselor.
 Chief Administrative Officer, only if EMERGENCY grievance.
 Administrative Review Board, only if the issue involves transfer denial by the Transfer Coordinator, protective custody, involuntary administration of psychotropic drugs, issues from another facility except personal property issues, or issues not resolved by the Chief Administrative Officer.

Summary of Grievance (Provide information including a description of what happened, when and where it happened, and the name or identifying information for each person involved):

IN EARLY JANUARY 2018 THE ABOVE OFFENDER INJURED HIS RIGHT ARM / BICEP MUSCLE DURING A BASKET BALL GAME, A FEW MONTHS AGO, THE ABOVE OFFENDER HAD AN "ULTRA SOUND" WHICH CONFIRM THE ABOVE INJURY DR. O SAID THE ABOVE OFFENDER WILL BE GOING TO SEE AN OUTSIDE DOCTOR, BECAUSE OF THIS INJURY, PAIN, THIS OFFENDER IS SUFFERING FROM, THIS INJURY IS AFFECTING THE OFFENDER DAY 2 DAY ACTIVITIES, SUCH AS BRUSHING HIS TEETH, WASHING HIS BLOW, "WASHING" HIS CLOTHES, GETTING

Relief Requested: GET ME TO THE OUTSIDE HOSPITAL A.S.A.P. BECAUSE MY "ARM / MUSCLE" SITUATION IS GETTING WORSE AND WORSE TO THE POINT MY ARM IS STARTING TO GIVE OUT ON ME? PAINING

☒ Check only if this is an EMERGENCY grievance due to a substantial risk of imminent personal injury or other serious or irreparable harm to self

Offender's Signature: [Signature] ID#: R47387 Date: 07.05.2018

(Continue on reverse side if necessary)

Counselor's Response (if applicable)	
Date Received: <u>7.15.18</u>	<input type="checkbox"/> Send directly to Grievance Officer <input type="checkbox"/> Outside jurisdiction of this facility. Send to Administrative Review Board, P.O. Box 19277, Springfield, IL 62764-9277
Response: <u>A copy of this grievance has been forwarded to the HCU for review and response and the original grievance has been forwarded to the grievance office. There is no need to send your copy to the grievance officer or HCU. You will receive a final response when the HCU responds.</u>	
Print Counselor's Name: <u>Mles</u>	Counselor's Signature: <u>[Signature]</u> Date of Response: <u>7.17.18</u>

EMERGENCY REVIEW	
Date Received: <u>7.11.18</u>	Is this determined to be of an emergency nature? <input type="checkbox"/> Yes; expedite emergency grievance <input checked="" type="checkbox"/> No; an emergency is not substantiated. Offender should submit this grievance in the normal manner.
Chief Administrative Officer's Signature: <u>[Signature]</u>	Date: <u>7.11.18</u>

ILLINOIS DEPARTMENT OF CORRECTIONS
OFFENDER'S GRIEVANCE (Continued)

FETTERCA. BECAUSE HIS ARM CAME OUT, AND DROPPED OUT
 AND EVERYTHING HE BLEND INTO IT "HURTS" EVEN
 INCLUDING HIS GRIEVANCE ~~AND~~ "HURTS LIKE HELL" ! I'M
 CONCERN WITH THE "DEPT" IN SENDING ME TO THE
 HOSPITAL MAY BE TO SOON AFTERLY DAMAGE MY
 ARM / MUSCLE ^(TENDON). AND I HAVE TO DEAL WITH THIS
 FOR THE REST OF MY LIFE... DR. O TOLD ME I WAS
 SCHEDULE TO GO OUT / TO HOME. MY QUESTION IS
 WHEN? BEFORE IT'S TOO LATE, AND MY ARM BECOME USE-
 -LESS ! PLEASE FIND OUT WAS GOING ON WITH THIS SITUATION.

THANK YOU IN ADVANCE

DOC 0048 (8/2017)

Date: <u>07-06-2018</u>		Offender: (Please Print) <u>WENDELL WEAVER</u>	ID#: <u>R477387</u>
Present Facility: <u>STATEVILLE C.C.</u>		Facility where grievance issue occurred: <u>STATEVILLE C.C.</u>	
NATURE OF GRIEVANCE:			
<input type="checkbox"/> Personal Property	<input type="checkbox"/> Mail Handling	<input type="checkbox"/> Restoration of Good Time	<input type="checkbox"/> ADA Disability Accommodation
<input checked="" type="checkbox"/> <u>Staff Conduct</u>	<input type="checkbox"/> Dietary	<input checked="" type="checkbox"/> <u>Medical Treatment</u>	<input type="checkbox"/> HIPAA
<input type="checkbox"/> Transfer Denial by Facility	<input type="checkbox"/> Transfer Denial by Transfer Coordinator	<input checked="" type="checkbox"/> Other (specify): <u>STATEVILLE C.C.</u>	
<input type="checkbox"/> Disciplinary Report: _____		Date of Report: _____	Facility where issued: <u>JUL 17 2018</u>
<p>Note: Protective Custody Denials may be grieved immediately via the local administration on the protective custody status notification.</p> <p>Complete: Attach a copy of any pertinent document (such as a Disciplinary Report, Shakedown Record, etc.) and send to: <u>STATEVILLE C.C.</u></p> <p>Counselor, unless the issue involves discipline, is deemed an emergency, or is subject to direct review by the Administrative Review Board. Grievance Officer, only if the issue involves discipline at the present facility or issue not resolved by Counselor.</p> <p>Chief Administrative Officer, only if EMERGENCY grievance.</p> <p>Administrative Review Board, only if the issue involves transfer denial by the Transfer Coordinator, protective custody, involuntary administration of psychotropic drugs, issues from another facility except personal property issues, or issues not resolved by the Chief Administrative Officer.</p>			
Summary of Grievance (Provide information including a description of what happened, when and where it happened, and the name or identifying information for each person involved):			
<p><u>ON TODAY'S DATE THE ABOVE OFFENDER WAS GIVEN</u></p> <p><u>AN APPOINTMENT TO SEE PHYSICAL THERAPIST "HOSEA"</u></p> <p><u>FROM A REFERRAL FROM DR. WILLIAMS BACK IN</u></p> <p><u>FEBRUARY 2018 (5) MONTHS AGO FOR MY INJURED</u></p> <p><u>RIGHT ARM / BICEP, ETC. FROM THE (JANUARY) 2018</u></p> <p><u>BASKETBALL GAME. (SEE 7-05-2018 GRIEVANCE) DR. WILLIAMS</u></p> <p><u>REFERRED THIS TREATMENT BEFORE MY "ULTRA-</u></p> <p><u>SOUND" WAS TAKEN BACK IN MAY (OR JUNE) (I) I</u></p> <p><u>SAW DR. D AFTER HE REVIEWED THE ULTRASOUND, AND</u></p> <p><u>RELIEF REQUESTED: GET ANOTHER PHYSICAL THERAPIST TO HELP AS I AM</u></p> <p><u>"HOSEA" - BECAUSE (5) MONTHS DELAY CAN BE FATAL / CRITICAL</u></p> <p><u>BECAUSE OF HIS BACK LOG - GET ME OUT TO THE PC, BECAUSE HIS DELAY</u></p>			
<input checked="" type="checkbox"/> Check only if this is an EMERGENCY grievance due to a substantial risk of imminent personal injury or other serious or irreparable harm to self.			
Offender's Signature: <u>Wendell Weaver</u>		ID#: <u>R477387</u>	Date: <u>07/06/18</u>

(Continue on reverse side if necessary)

Counselor's Response (If applicable)	
Date Received: <u>7, 31, 18</u>	<input type="checkbox"/> Send directly to Grievance Officer <input type="checkbox"/> Outside jurisdiction of this facility. Send to Administrative Review Board, P.O. Box 19277, Springfield, IL 62794-9277
Response: <u>A copy of your grievance has been forwarded to the HCU for review and response and the original has been forwarded to the Grievance Office. Do not send your copy to the HCU or the Grievance Officer. You will receive a final response when the HCU responds.</u>	
Print Counselor's Name: <u>Mles</u>	Counselor's Signature: <u>Mles</u> Date of Response: <u>7, 31, 18</u>

EMERGENCY REVIEW	
Date Received: <u>7 12/4/18</u>	Is this determined to be of an emergency nature? <input type="checkbox"/> Yes; expedite emergency grievance
<input checked="" type="checkbox"/> No; an emergency is not substantiated. Offender should submit this grievance in the normal manner.	
Chief Administrative Officer's Signature: <u>Walter Kich</u>	Date: <u>7 12/4/18</u>

Recommended I see an outside doctor, the
 their assessment(s). So the referral Dr.
 Williams suggested is premature since
 she didn't see the ultrasound so she couldn't
 possibly know the severity of this injury, so
 I don't want to subject my arm/wrist to
 it's already it's like fitting me in a
 tight box. This injury may need
 surgery so why would she suggest physical
 therapy first, seeing what the outside Dr./or
 hospital will suggest. Physical therapist "MOSCA"
 and his backup with over 20 years and that's
 why it took him so long to call me over
 (5) months is he's been waiting for phys-
 -cal therapy. We need another physical therapist
 these plates can really hurt one chance of
 getting this mobility back, and improving
 their chances after surgery of gaining
 success in physical therapy. Please look
 into this matter as soon as possible.

-NANCY-

ELLEN BLUMBERG: IT'S ALREADY BEEN (6)
 MONTHS SINCE THE SURGERY AND I AM IN PAIN, and
 my arm is not working and I HATE EVERYTIME I BEND IT,
 PHYSICAL THERAPY OF THIS STAGE WILL BE SOOOO
 PAINFUL. PLEASE CHECK INTO THIS FOR ME, WHY I
 HAVEN'T BEEN OUT HERE TO SEE IF PHYSICAL THERAPY
 IS NEEDED, BECAUSE DR. O WHO SAW THE ULTRA-
 -SOUND THREATENED TO RECOMMEND THIS COURSE OF
 TREATMENT. DR. WILLIAMS SUGGESTED BEFORE
 THE "ULTRA-SONIC" !

RESPONSE TO COMMITTED PERSON'S GRIEVANCE

Grievance Officer's Report

Date Received: 4/30/18

Date of Review: 1/11/19

Grievance # 2864

Committed Person: Wendell Weaver

ID #: R47387

Nature of Grievance: Medical Treatment

Facts Reviewed: Grievant claims on a grievance written 3/9/18 that he wants proper care for an injury to his arms from playing basketball.

Grievance Officer finds that per Medical Staff, "After reviewing the offender's medical record Offender Wendell seen in HCU 3/15/18 new order for ultrasound of right bicep, blood pressure daily x5 days, and EKG. Offender informed to call med tech with any issues. 5/2/18 ultrasound done. 6/5/18 seen Dr. Okezie referred to UIC orthopedic for right bicep with blood pressure daily x 2 weeks. Physical Therapy pending. Offender follows UIC cardio. If offender has any more issues he should follow the proper sick call procedures including the copay."

This Grievance Officer has no medical expertise or authority to contradict the doctor's/DON's/RN's recommendation / diagnosis.

Recommendation: Grievance is MOOT as grievant appears to be receiving medical care at this time.

Anna McBee, CCJ

Print Grievance Officer's Name
(Attach a copy of Committed Person's Grievance, including counselor's response if applicable)

Grievance Officer's Signature

Chief Administrative Officer's Response

Date Received: 1-28-19 ☒ I concur ☐ I do not concur ☐ Remand

Comments:

Chief Administrative Officer's Signature

Date

Committed Person's Appeal To The Director

I am appealing the Chief Administrative Officer's decision to the Director. I understand this appeal must be submitted within 30 days after the date of the Chief Administrative Officer's decision to the Administrative Review Board, P.O. Box 19277, Springfield, IL 62794-9277. (Attach a complete copy of the original grievance, including the counselor's response, if applicable, and any pertinent documents.)

Committed Person's Signature

ID#

Date

Blenn

OFFENDER'S GRIEVANCE

Date: DEC 02, 2018 **Offender:** WENDIE L. LEAVER **ID#:** R47387

Present Facility: STATEVILLE C.C. **Facility where grievance issue occurred:** STATEVILLE C.C.

NATURE OF GRIEVANCE:

☐ Personal Property ☐ Mail Handling ☐ Restoration of Good Time ☐ ADA Disability Accommodation
☒ Staff Conduct ☐ Dietary ☒ Medical Treatment ☐ HIPAA STATEVILLE C.C.
☐ Transfer Denial by Facility ☐ Transfer Denial by Transfer Coordinator ☐ Other (specify) _____
☐ Disciplinary Report: _____ **Date of Report:** _____ **Facility where issued:** _____ **BY:** _____

Note: Protective Custody Denials may be grieved immediately via the local administration on the protective-custody-status-notification.

Complete: Attach a copy of any pertinent document (such as a Disciplinary Report, Shakedown Record, etc.) and send to:
 Counselor, unless the issue involves discipline, is deemed an emergency, or is subject to direct review by the Administrative Review Board.
 Grievance Officer, only if the issue involves discipline at the present facility or issue not resolved by Counselor.
 Chief Administrative Officer, only if EMERGENCY grievance.
 Administrative Review Board, only if the issue involves transfer denial by the Transfer Coordinator, protective custody, involuntary administration of psychotropic drugs, issues from another facility except personal property issues, or issues not resolved by the Chief Administrative Officer.

Summary of Grievance (Provide information including a description of what happened, when and where it happened, and the name or identifying information for each person involved):

THE ABOVE OFFENDER HAS BEEN SCHEDULE TO SEE THE MEDICAL DIRECTOR ON FOUR DIFFERENT OCCASSIONS SINCE I CAME BACK FROM my U.I.C. MEDICAL WRIT FROM THE OUTSIDE HOSPITAL, BUT TO NO AVAIL. I'M ALWAYS GETTING RESCHEDULE. U.I.C. DOCTOR'S PROSCRIBE NEW MEDICINES AND RECOMMENDATIONS, EVEN AN SURGERY ON MY LEFT PINKY FINGER FOR THE PAIN & LIMITED MOBILITY BUT TO NO AVAIL, UIC EVEN GAVE ME THE SOLUTION AND

Relief Requested: SEND ME BACK OUT FOR my SURGERY ON my FINGER, FOLLOW U.I.C. DOCTORS ORDERS AND RECOMMENDATION(S) KEEP (and SEND A JOURNAL of my BLOOD PRESSURE 2 U.I.C.

☒ Check only if this is an EMERGENCY grievance due to a substantial risk of imminent personal injury or other serious or irreparable harm to self.

Offender's Signature: _____ **ID#:** R47387 **Date:** 12, 02, 18

(Continue on reverse side if necessary)

Counselor's Response (if applicable)

Date Received: 1, 11, 19 ☐ Send directly to Grievance Officer ☐ Outside jurisdiction of this facility. Send to Administrative Review Board, P.O. Box 19277, Springfield, IL 62794-9277

Response: A copy of your grievance has been forwarded to the HCU by the Grievance Office for review and response by the Medical staff. You will receive a final response when the HCU responds to same.

Print Counselor's Name: C. Franklin Carr **Counselor's Signature:** C. Franklin Carr **Date of Response:** 1, 18, 19

EMERGENCY REVIEW

Date Received: 12, 19, 18 **Is this determined to be of an emergency nature?** ☐ Yes; expedite emergency grievance ☒ No; an emergency is not substantiated. Offender should submit this grievance in the normal manner.



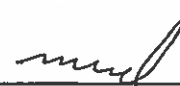
Chief Administrative Officer's Signature: Walter Hoch **Date:** 12, 19, 18

STATEVILLE C.C. DEC 24 2018

INSTRUCTION THE NIGHT BEFORE THE SURGERY
BUT I STILL HAVEN'T BEEN BACK OUT? I'AM IN
PAIN - PLUS U.I.C. WANTED ME TO BE TREATED
FOR MY "SLEEP APNEA" WHICH IS AFFECTING MY
"HEART CONDITION" BUT TO NO AVAIL! THEY U.I.C.
EVEN SAID THIS CONDITION CAN EFFECT MY BLOOD
PRESSURE, THAT'S WHY IT'S SO HIGH, FINALLY I
HAVE BEEN TO U.I.C. CARDIOLOGIST 4 TIMES
AND EACH TIME THEY WANTED TO SEE MY DAILY
BLOOD PRESSURE CHECKS - JOURNALS - BUT TO NO
AVAIL, PLEASE FOLLOW U.I.C. ORDER(S) I ALSO
RAN OUT OF MY BLOOD PRESSURE MENS (NORMS)
THEY STILL HAVEN'T RESOURT THEM THINKS
"2 WEEKS AGO" PLUS I WAS
SCHEDULED TO GO OUT FOR MY TORN
BICEPS IN RIGHT ARM BUT WENT TO
U.I.C. FOR IT, BUT THEY SEEN
ME, FOR MY FINGER INSTEAD, SO
I STILL DIDN'T SEE NO ONE FOR
MY TORN BICEP, PLUS MY KNEE(S) AND SHOULDER(S)
BOTH ARE STILL IN EXCRUCIATING PAIN - AFTER GETTING THE
STEROID / OR WHATEVER THE NAME OF THE SHOT THEY GAVE ME
IN MY SHOULDER(S) (2) U.I.C. A WHITE BACK. I BEEN HAVING
HEADACHE(S) AGAIN I THINK THIS HAS SOMETHING TO DO WITH
MY PAIN (AND HIGH BLOOD PRESSURE), PLEASE CALL ME.
(THANKS AGAIN)

EXHIBIT 1
FINGERILLINOIS DEPARTMENT OF CORRECTIONS
RESPONSE TO OFFENDER'S GRIEVANCE

C655 B624

Grievance Officer's Report		
Date Received: 01/11/2019	Date of Review: 08/17/2020	Grievance # (optional): 7443
Offender: Wendell Weaver	ID#: R47387	
Nature of Grievance: Medical Treatment		
<p>Facts Reviewed:</p> <p>Facts Reviewed: Grievant claims on a grievance written 12/2/18 that he has not seen the doctor since he came back from UIC Medical Writ. He wants to be seen, sent back out for his surgery on his finger, and his medical journal sent to UIC.</p> <p>Grievance Officer finds that per D. Williams, Assistant Warden, with information supplied by Medical Staff/Medical Records: "Inmate saw the medical director on 12/21/2018. Orders made. Alternate treatment plan to treat finger onsite on 11/6/18. Inmate prescribed pain medication on 12/20/2018. Prescribed pain medication on 12/20/2018. Pain medication increased on 12/21/18. Referral submitted on 12/21/2018 for CPAP machine. Per note dated 1/25/19 CPAP machine not warranted. Blood pressure monitored in HTN clinic.. Went to RNSC on 12/12/2018 for missing medication. Order resubmitted to pharmacy on 12/12/2018 for Norvasc. Approved to go to UIC ortho on 12/26/2018 to have shoulder and knee evaluated. Seen on 2/15/2019 by UIC ortho for RUE torn tendon CT of right shoulder completed on 11/25/19. Inmate ordered PT for right knee and ordered and renewed pain medications. No documentation of seeking medical care for headaches. (con't next page)</p>		
<p>Recommendation:</p> <p>Grievance is MOOT.</p>		
<div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="width: 30%;"> <p>Anna McBee</p> <p style="font-size: small;">Print Grievance Officer's Name (Attach a copy of Offender's Grievance, including counselor's response if applicable)</p> </div> <div style="width: 60%; text-align: right;">  <p style="font-size: small;">Grievance Officer's Signature</p> </div> </div>		
Chief Administrative Officer's Response		
<p>Date Received: 9-3-2020 <input checked="" type="checkbox"/> I concur <input type="checkbox"/> I do not concur <input type="checkbox"/> Remand</p> <p>Action Taken:</p>		
<div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="width: 60%;">  <p style="font-size: small;">Chief Administrative Officer's Signature</p> </div> <div style="width: 35%; text-align: right;"> <p>9-27-2020</p> <p style="font-size: small;">Date</p> </div> </div>		
Offender's Appeal To The Director		
<p style="font-size: x-small;">I am appealing the Chief Administrative Officer's decision to the Director. I understand this appeal must, within 30 days after the date of the Chief Administrative Officer's decision, be received by the Administrative Review Board, P.O. Box 19277, Springfield, IL 62794-9277. (Attach a complete copy of the original grievance, including the counselor's response if applicable, and any pertinent documents.)</p>		
<div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="width: 30%;">  <p style="font-size: small;">Offender's Signature</p> </div> <div style="width: 30%; text-align: center;"> <p>R47387</p> <p style="font-size: small;">ID#</p> </div> <div style="width: 35%; text-align: right;"> <p>9-16-2020</p> <p style="font-size: small;">Date</p> </div> </div>		

ILLINOIS DEPARTMENT OF CORRECTIONS
RESPONSE TO OFFENDER'S GRIEVANCE (Continued)

Medical Concerns are to be directed to the cell house Nurse who will evaluate offender for treatment or refer him if appropriate. Alternatively, the offender may send a "Medical Request Slip" to Health Care requesting medical services.

This Grievance Officer has no medical expertise or authority to contradict the doctor's/DON's/RN's recommendation / diagnosis.

HUMAN RIGHTS DEPARTMENT OF CORRECTIONS
OFFENDER'S GRIEVANCE

13624

Date: <u>DEC 12, 2018</u>	Offender: <u>WENDELL LEAVER</u> (Please Print)	ID#: <u>247387</u>
Present Facility: <u>STATEVILLE C.C.</u>		Facility where grievance issue occurred: <u>STATEVILLE C.C.</u>

NATURE OF GRIEVANCE:

<input type="checkbox"/> Personal Property	<input type="checkbox"/> Mail Handling	<input type="checkbox"/> Restoration of Good Time	<input type="checkbox"/> ADA Disability Accommodation
<input checked="" type="checkbox"/> Staff Conduct	<input type="checkbox"/> Dietary	<input checked="" type="checkbox"/> Medical Treatment	<input type="checkbox"/> HIPAA
<input type="checkbox"/> Transfer Denial by Facility	<input type="checkbox"/> Transfer Denial by Transfer Coordinator	<input type="checkbox"/> Other (specify):	<u>STATEVILLE C.C.</u>

☐ Disciplinary Report: _____ Date of Report: _____ Facility where issued: _____

DEC 17 2018
7446

Note: Protective Custody Denials may be grieved immediately via the local administration on the protective custody status notification.

Complete: Attach a copy of any pertinent document (such as a Disciplinary Report, Shakedown Record, etc.) and send to:
 Counselor, unless the issue involves discipline, is deemed an emergency, or is subject to direct review by the Administrative Review Board.
 Grievance Officer, only if the issue involves discipline at the present facility or issue not resolved by Counselor.
 Chief Administrative Officer, only if EMERGENCY grievance.
 Administrative Review Board, only if the issue involves transfer denial by the Transfer Coordinator, protective custody, involuntary administration of psychotropic drugs, issues from another facility except personal property issues, or issues not resolved by the Chief Administrative Officer.

Summary of Grievance (Provide information including a description of what happened, when and where it happened, and the name or identifying information for each person involved):

ON TODAYS DATE THE ABOVE OFFENDER WAS SEEN AT SICK CALL ABOUT THE PAIN IN MY LEFT PINKY FINGER - AND WAS INFORMED THE RECOMMENDED 3RD SURGERY BY U.I.C. WAS DENIED BY "COLLEGE" THE MEDICAL PERSONEL AT STATEVILLE FOR UNKNOWN REASONS. I BEEN COMPLAING ABOUT THIS PAIN, LACK MOBILITY AND MOVEMENT SINCE MY LAST SURGERY BACK IN 2014 ALSO THE DOCTORS AT U.I.C. TOLD ME THIS SURGERY WOULD BENEFIT ME, CO JEFFERSON

Relief Requested: SEND ME BACK TO U.I.C. FOR THIS 3RD SURGERY, TO END THIS PAIN AND GET MY MOBILITY BACK, AND MOVEMENT.

☒ Check only if this is an EMERGENCY grievance due to a substantial risk of imminent personal injury or other serious or irreparable harm to self.

Wendell Leaver 247387 12, 12, 18
Offender's Signature ID# Date

(Continue on reverse side if necessary)

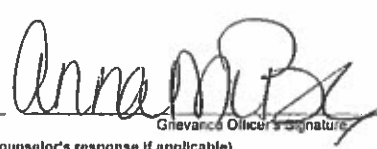


Counselor's Response (if applicable)	
Date Received: <u>1, 11, 19</u>	<input type="checkbox"/> Send directly to Grievance Officer <input type="checkbox"/> Outside jurisdiction of this facility. Send to Administrative Review Board, P.O. Box 19277, Springfield, IL 62794-0277
Response: <u>A copy of your grievance has been forwarded to the HCU by the Grievance Office for review and response by the Medical staff. You will receive a final response when the HCU responds to same.</u>	
<u>C. Franklin Coit</u> Print Counselor's Name	<u>C. Franklin</u> <u>1, 18, 19</u> Counselor's Signature Date of Response

EMERGENCY REVIEW	
Date Received: <u>12, 19, 18</u>	Is this determined to be of an emergency nature? <input type="checkbox"/> Yes, expedite emergency grievance <input checked="" type="checkbox"/> No, an emergency is not substantiated. Offender should submit this grievance in the normal manner.
<u>Walter Hoch</u> <u>(PW)</u> Chief Administrative Officer's Signature	<u>12, 19, 18</u> Date

AND "QUALS WAS ALSO IN THE ROOM WITH ME WHEN THE POLICE TOLD ME THIS AND SENT THE RECOMMENDATION(S) BACK TO STATEVILLE, BUT NO AVALI; NOW I'M STILL IN PAIN, AND LATE OF MARIJUA, AND I GUESS THE MEDICAL PERSONNEL DOESN'T CARE; PLEASE DO SOMETHING ABOUT THIS PLEASE. I HAVE TOLD MY COUNSELOR MR. SHERMAN ABOUT THIS AND MY PAIN AND STILL NOTHING HAPPEN, I DON'T KNOW WHAT ELSE TO DO?

ILLINOIS DEPARTMENT OF CORRECTIONS
RESPONSE TO OFFENDER'S GRIEVANCE

B624

Grievance Officer's Report			
Date Received: <u>12/17/2018</u>	Date of Review: <u>04/09/2019</u>	Grievance # (optional): <u>7446</u>	
Offender: <u>Wendell Weaver</u>		ID#: <u>R47387</u>	
Nature of Grievance: <u>Medical Treatment</u>			
<p>Facts Reviewed:</p> <p>Facts Reviewed: Grievant claims on a grievance written 12/12/18 that he wants to return to UIC for the pain in his finger.</p> <p>Per Medical Staff, "Inmate was seen at UIC for ORIF right 5th finger. Inmate received blood pressure pills (Norvasc & Coreg on 3/7/18, HCTZ on 3/13 and Minoxidil on 3/18). Collegial approval for cardio follow up, MRI of C Spine and neurosurgery. The inmate's medical issues are being addressed. Inmate's CPAP machine was denied. Inmate had an MRI of right elbow and PT was recommended."</p> <p>This Grievance Officer has no medical expertise or authority to contradict the doctor's/DON's/RN's recommendation / diagnosis.</p>			
<p>Recommendation:</p> <p>Grievance is MOOT.</p>			
Anna McBee <small>Print Grievance Officer's Name</small> <small>(Attach a copy of Offender's Grievance, including counselor's response if applicable)</small>		 <small>Grievance Officer's Signature</small>	
Chief Administrative Officer's Response			
Date Received: <u>4-12-19</u>	<input checked="" type="checkbox"/> I concur <input type="checkbox"/> I do not concur <input type="checkbox"/> Remand		
Action Taken:			
 <small>Chief Administrative Officer's Signature</small>			<u>4-12-19</u> <small>Date</small>
Offender's Appeal To The Director			
<p>I am appealing the Chief Administrative Officer's decision to the Director. I understand this appeal must, within 30 days after the date of the Chief Administrative Officer's decision, be received by the Administrative Review Board, P.O. Box 19277, Springfield, IL 62794-9277. (Attach a complete copy of the original grievance, including the counselor's response if applicable, and any pertinent documents.)</p>			
 <small>Offender's Signature</small>		<u>R47387</u> <small>ID#</small>	<u>5-4-19</u> <small>Date</small>

Blank

STATEVILLE C.C. OFFENDER'S GRIEVANCE		Housing Unit: <u>E123</u> Bed #: <u>6011017</u>
Date: <u>9-25-2020</u> Grievance Department: <u>STATEVILLE C.C.</u>		Offender: <u>WENDELL WEAYER</u> ID#: <u>R47387</u>
Present Facility: <u>STATEVILLE C.C.</u>		Facility where grievance issue occurred: <u>STATEVILLE C.C.</u>

NATURE OF GRIEVANCE:

<input type="checkbox"/> Personal Property	<input type="checkbox"/> Mail Handling	<input type="checkbox"/> Restoration of Good Time	<input type="checkbox"/> ADA Disability Accommodation
<input checked="" type="checkbox"/> Staff Conduct	<input type="checkbox"/> Dietary	<input checked="" type="checkbox"/> Medical Treatment	<input type="checkbox"/> HIPAA
<input type="checkbox"/> Transfer Denial by Facility	<input type="checkbox"/> Other (specify): _____		

☐ Disciplinary Report: _____ Date of Report: _____ Facility where issued: _____

RECEIVED
 STATEVILLE C.C.
 JAN 15 2021
 GRIEVANCE DEPARTMENT
 BY: _____

Note: Protective Custody Denials may be grieved immediately via the local administration on the protective custody status notification.

Complete: Attach a copy of any pertinent document (such as a Disciplinary Report, Shakedown Record, etc.) and send to:

- Counselor, unless the issue involves discipline, is deemed an emergency, or is subject to direct review by the Administrative Review Board.
- Grievance Officer, only if the issue involves discipline at the present facility or issue not resolved by Counselor.
- Chief Administrative Officer, only if EMERGENCY grievance.
- Administrative Review Board, only if the issue involves protective custody, involuntary administration of psychotropic drugs, issues from another facility except medical and personal property issues, or issues not resolved by the Chief Administrative Officer.

Summary of Grievance (Provide information including a description of what happened, when and where it happened, and the name or identifying information for each person involved):

THE ABOVE OFFENDER WAS ISSUED THRU "THE MAIL"
BECAUSE STATEVILLE MEDICAL UNIT KEEPS RESCHEDULE-
-LING MY APPOINTMENT TO SEE THE DOCTOR, "A LOW
BUNK / LOW GAUARY" PERMIT, TO BE MOVED TO
A LOWER GAUARY DUE TO THE BULLET IN MY KNEE /
AND ARM MOVING / AND GIVING ME UNBEARABLE PAIN
AND THE MEDICINE THEY GIVING ME IS NOT HELP-
-ING AT ALL. SO I TALKED TO SGT. CURK AND
LT. HARRIS AND THEY BUT "BLEW" ME OFF ABOUT
GET IN TO SEE A DOCTOR A.S.A.P. GET
ME SOME STRONGER PAIN MEDS, BUT MOST IMPORTANTLY
PUT ME BACK IN "C-HOUSE" WHERE I BEEN FOR THE LAST
YEAR

☒ Check only if this is an EMERGENCY grievance due to a substantial risk of imminent personal injury or other serious or irreparable harm to self.

☐ Check if this is NOT an emergency grievance.

Wendell Weayer R47387 9/25/2020
 Offender's Signature ID# Date

(Continue on reverse side if necessary)

Counselor's Response (If applicable)	
Date received: _____ <input type="checkbox"/> Send directly to Grievance Officer	<input type="checkbox"/> Outside jurisdiction of this facility Administrative Review Board, P.O. Box 19277, Springfield, IL 62794-9277
Response: _____ _____ _____ _____	
Print Counselor's Name	Counselor's Signature
Date of Response	

EMERGENCY REVIEW

Date received: 11/14/2020 Is this determined to be of an emergency nature? ☐ Yes; expedite emergency grievance
☒ No; an emergency is not substantiated. Offender should submit this grievance in the normal manner.

Daniel Homey 11/14/2020
 Chief Administrative Officer's Signature Date

Page 1



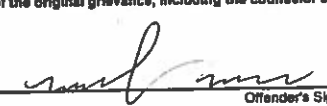
Printed on Recycled Paper

DOC 0046 (1/2018)

MOVING ME DOWN STAIRS AND RESPECTING MY PERMIT(S) SO THE NEXT DAY I SPOKE TO THE ACTING SGT OF C-HOUSE ON SEPT 24, 2020, AND TOLD HIM ABOUT MY PERMITS, HE CALLED PLACEMENT MRS. MARKS ABOUT SOME "LAW SUIT(S)" I SUPPOSEDLY SAID TO HIM, AND MRS. MARKS TOLD HIM SHE GOT SOMETHING FOR ME, AND TOLD HIM TO TELL ME SHE GOT SOMETHING FOR ME AND TO PICK UP SHE MOVING ME TO "E-HOUSE" CELL 123, WHEN C-HOUSE HAD OPEN CELLS ON 4 GALLERY AND 2 GALLERY! SHE MOVED ME TO A "HIGH AGGRESSION HOUSE," WHEN MY AGGRESSION LEVEL IS SUPER LOW! WHAT OTHER REASON WOULD SHE DO THIS, BUT AS PUNISHMENT? THIS E-HOUSE CELL IS NASTY AND HAVE "BLACK MOLE" ON THE BACK WALL, THE WATER DRAIN WORK, AND ROACHES AND ANT(S) INSECTS IS OVER THE PLACE! ALL BECAUSE I WANTED TO MOVE ON A LOWER GALLERY DUE TO MY MEDICAL PERMITS? THIS IS "UNFAIR" AND A VIOLATION OF MY CONSTITUTIONAL RIGHTS - RETALIATION - FOR ME WANTING STATE-ILE SECURITY TO FOLLOW THE MEDICAL DOCTOR'S ORDER! TO HELP ALLEVIATE SOME OF THIS PAIN I'M EXPERIENCING, SOMEONE NEEDS TO STOP THIS UNETHICAL BEHAVIOR AROUND HERE AND START HOLDING THESE PEOPLE ACCOUNTABLE....

ILLINOIS DEPARTMENT OF CORRECTIONS
KNEE / RETALIATION RESPONSE TO OFFENDER'S GRIEVANCE

C246

Grievance Officer's Report		
Date Received: 01/15/2021	Date of Review: 07/10/2021	Grievance # (optional): 2821
Offender: Wendell Weaver		ID#: R47387
Nature of Grievance: Medical - Medical Treatment Classification - Cell Placement		
Facts Reviewed: Grievant claims on a grievance written on 9/25/2020 that he was placed in E house by placement out of retaliation and that he would like stronger pain medication. Grievance officer finds per <u>Lilybeth Segarra, Director of Nursing</u> ⁴ⁿ <u>Lucasita Galinde, HCUA,</u> "Inmate is back in C-house, C246 He has seen the doctor; will see a doctor in AM. On strong pain medication Tramadol" Medical concerns are to be directed to the cell house Nurse who will evaluate offender for treatment or refer him if appropriate. Alternatively, the offender may send a "Medical Request" slip to Health Care requesting medical services." This Grievance Officer has no medical expertise or authority to contradict the doctor's/DON's/RN's recommendation / diagnosis.		
Recommendation: Grievance is mixed. Medical is moot; classification is denied.		
A. Gomez CCII <small>Print Grievance Officer's Name</small>		 <small>Grievance Officer's Signature</small>
<small>(Attach a copy of Offender's Grievance, including counselor's response if applicable)</small>		
Chief Administrative Officer's Response		
Date Received: 7/27/21	<input checked="" type="checkbox"/> I concur <input type="checkbox"/> I do not concur <input type="checkbox"/> Remand	
Action Taken:		
 <small>Chief Administrative Officer's Signature</small>		7/27/21 <small>Date</small>
Offender's Appeal To The Director		
<small>I am appealing the Chief Administrative Officer's decision to the Director. I understand this appeal must, within 30 days after the date of the Chief Administrative Officer's decision, be received by the Administrative Review Board, P.O. Box 19277, Springfield, IL 62794-9277. (Attach a complete copy of the original grievance, including the counselor's response if applicable, and any pertinent documents.)</small>		
 <small>Offender's Signature</small>	R47387 <small>ID#</small>	8/3/2021 <small>Date</small>

ILLINOIS DEPARTMENT OF CORRECTIONS
RESPONSE TO OFFENDER'S GRIEVANCE (Continued)

[The body of this page is a large, empty rectangular box, likely a placeholder for a response or a redacted area.]

Date: OCT 01, 2020		Offender: WENDELL WEAVER	ID#: R47387
Present Facility: STATEVILLE C.C.		Facility where grievance issue occurred: STATEVILLE C.C.	
NATURE OF GRIEVANCE: <input type="checkbox"/> Personal Property <input type="checkbox"/> Mail Handling <input type="checkbox"/> Restoration of Good Time <input type="checkbox"/> ADA Disability Accommodation <input checked="" type="checkbox"/> Staff Conduct <input type="checkbox"/> Dietary <input checked="" type="checkbox"/> Medical Treatment <input type="checkbox"/> HIPAA <input type="checkbox"/> Transfer Denial by Facility <input type="checkbox"/> Other (specify): _____ <input type="checkbox"/> Disciplinary Report: _____			
Date of Report: _____		Facility where issued: _____	
Note: Protective Custody Denials may be grieved immediately via the local administration on the protective custody status notification. Complete: Attach a copy of any pertinent document (such as a Disciplinary Report, Shakedown Record, etc.) and send to: Counselor, unless the issue involves discipline, is deemed an emergency, or is subject to direct review by the Administrative Review Board. Grievance Officer, only if the issue involves discipline at the present facility or issue not resolved by Counselor. Chief Administrative Officer, only if EMERGENCY grievance. Administrative Review Board, only if the issue involves protective custody, involuntary administration of psychotropic drugs, issues from another facility except medical and personal property issues, or issues not resolved by the Chief Administrative Officer.			
Summary of Grievance (Provide information including a description of what happened, when and where it happened, and the name or identifying information for each person involved): <u>ON THE ABOVE DATE, THE ABOVE OFFENDER WAS SEEN BY A "FEMALE" DOCTOR TODAY AFTER BEING RESCOURSED ABOUT 6 TIMES, I TOLD HER ABOUT THE "GT CRUISING" PAIN I BEEN IN FOR THE PAST YEAR OR SO, and that the tylenols - 3's they BEEN GIVING ME WAS STARTING TO MAKE ME SICK AND WAS "INEFFECTIVE" TOWARD MY PAIN! I TOLD HER ABOUT MY "CRACKED" KNEE PAIN and that I BELIEVE my problem IS A "TORN ACL / or Tendon" DUE TO THE POP / SNAP SOUND IT MADE DURING A BASKETBALL GAME A FEW YEARS →</u>			
Relief Requested: <u>GIVE ME ROMAZOLON MEDICATION / or something 'EQUVALENT' for my punky TONGUE PAIN, KNEE, SHOULDER / ELBOW PAIN SEND ME OUT for my M.R.T. as my KNEE, SHOULDER & ELBOWS my 3RD SURGERY!</u> <input checked="" type="checkbox"/> Check only if this is an EMERGENCY grievance due to a substantial risk of imminent personal injury or other serious or irreparable harm to self. <input type="checkbox"/> Check if this is NOT an emergency grievance.			
Offender's Signature: <u>Wendell Weaver</u>		ID#: <u>R47387</u>	Date: <u>10.01.2020</u>
(Continue on reverse side if necessary)		RECEIVED STATEVILLE C.C. DEC 9 2020	
Counselor's Response (if applicable):		Date Received: _____ <input type="checkbox"/> Send directly to Grievance Officer <input type="checkbox"/> Outside jurisdiction of this facility. Send to Administrative Review Board, P.O. Box 19277, Springfield, IL 62794-9277	
Response: _____			
Print Counselor's Name: _____		Counselor's Signature: _____	Date of Response: _____
EMERGENCY REVIEW			
Date Received: <u>11.14.2020</u>		Is this determined to be of an emergency nature? <input type="checkbox"/> Yes; expedite emergency grievance <input checked="" type="checkbox"/> No; an emergency is not substantiated. Offender should submit this grievance in the normal manner.	
Chief Administrative Officer's Signature: <u>Daniel Yancey</u>		Date: <u>11.14.2020</u>	

EARLIER, "SHE TOLD ME SHE CAN'T MAKE MY LIFE'S PAIN FREE" AND EITHER I TAKE THE TYLENOL'S OR GET REGULAR TYLENOL'S, ETC. I TOLD HER THE OTHER PAIN MEDICINE I WAS GETTING WAS MORE HELPFUL OR "BENEFICIAL" (THE TRAMADOLS) BUT SHE SAID IT CAN'T GET THEM (NO MORE) AND OFFER SOMETHING LIKE KETOROLAM THAN I WAS ALREADY ON (SOME REGULAR TYLENOL) VERSUS (TYLENOL'S 3), AND LEFT IT AT (TAKE IT OR LEAVE IT) I ALSO TOLD HER ABOUT MY "NAIL" (FUNGUS) ON MY TOE NAILS SPREADING TO MY FINGER NAILS, AND SHE SAID THAT OFF AS UNIMPORTANT (MY NAILS ARE HURTING AS WELL DUE TO THIS IN-FRECTION) I HAD THIS FOR ABOUT 7-8 YEARS NOW, WITH LITTLE TO NO MEDICINE AT ALL, SO IT'S GETTING WORSE! I BRING UP MY 3RD SURGERY - ON MY PINKY FINGER - THAT WAS DENIED BY COLLEGE (AND STATE) SHE SAID SHE DIDN'T WANT TO HEAR IT, AND IT'S UNIMPORTANT! SAME WITH MY M.R. I ON MY RIGHT SHOULDER AND ELBOW, AND MY KNEE, I'VE BEEN COMPLAINING ABOUT - SHE SAID THERE'S "NOTHING" SHE CAN DO FOR ME RIGHT NOW? I TOLD HER I WAS IN "EXCRUCIATING PAIN 10-20 TIMES" AND SHE SAID, IT'S "NOTHING" SHE COULD DO FOR ME AND THEN TOLD ME TO LEAVE, WITHOUT TELLING WAS SHE GOING TO CONTINUE TO GIVE ME (NEW MEDICATION) FOR MY PAIN (OR DO ANYTHING FOR MY NAIL FUNGUS, OR MY ELBOW AND SHOULDER, AND KNEE, SO I'M JUST IN LIMBO AND PAIN WONDERING WHAT'S GOING TO HAPPEN? CAN SOMEONE DO SOMETHING ABOUT THIS PLEASE - I'M HURTING RIGHT NOW)!




I ALSO TOLD HER ABOUT THE "MRE" I WENT FOR ON MY ARM AND SHOULDER, BUT DR. MENZIE (THE MEDICAL DIRECTOR) WAS GOING TO PUT ME IN FOR SEDATION AND SEND ME BACK, BUT NO AVAILABLE BECAUSE I HAVE (CLASTIBIA) AND I COULDN'T STAY IN THERE! (THE MACHINE)! THAT WAS ALMOST (2) YEARS AGO, OR CLOSE TO IT? SAME W/ MY 3RD SURGERY ON MY PINKY FINGER TO REMOVE THE BUILD UP ON THE BONE!

THE NURSE WHO TOOK MY VITALS, ALSO COMMENTED ON MY "HIGH BLOOD PRESSURE" AND I ASK COULD IT BE HIGH BECAUSE OF PAIN AND SHE SAID YES! MY ANKLES ARE ALSO SWOLN, SHE LOOKED AND FELT

I HAVE TALKED PERSONALLY TO ASST. WARDEN
 WILLIAMS, WARDEN "GOMBZ" AND HIS
 ASST. MS. HUNTER/TARR. BUT TO NO-
 AVAIL. I TALKED TO ALL OF THEM ABOUT THE
 PAIN I'M IN, THE LACK OF MEDICAL TREATMENT
 THE RESCHEDULING OVER AND OVER AGAIN -
 THE "BECRUINGING PAIN - my pinky finger, my
 RIGHT KNEE (I' BARELY CAN STAND ON) my SHOULDER
 (RIGHT AND LEFT ELBOW AND DEFORMITY OF MY
 RIGHT BICEP) I SHOWED THEM MY "INJURY"
 MY (SWOLE KNEE) MY DEFORMED RIGHT MUSCLE
 MY THICK DISCOLORED TOENAILS, TOO SWOL
 AND PROVE TO THEM I'M NOT JOCKING OR
 PLAYING GAMES W/ THE MEDICAL STAFF
 HERE! I TALKED TO SEVERAL NURSES MEN
 AND WOMEN, ONE NAME (YINA) TOLD ME
 TO WRITE A GRIEVANCE BECAUSE THE
 MEDICAL SUPERVISORS ARE BOGGSY/AND WRONG
 HOW THEY ARE TREATING US! I'M COMPLAINTING
 TO EVERY NURSE, COUNSELOR, AND STAFF MEMBER
 AND IT'S CONSTANTLY FALLING ON DEAF EARS!
 I EVEN TALKED TO E-HOUSE COUNSELOR
 (SCOTT) AND HE SAID HE CAN'T DO NOTHING ABOUT
 IT (YESTERDAY (SEPT 30, 2020) - THE PLACEMENT
 OFFICER (MS. MARKS) MOVE ME TO E-HOUSE
 (THE WORSTEST CELL HOUSE IN STATEVILLE) BECAUSE I ASK TO MOVE
 TO TO PEOPLE ASK HER TO MOVE ME DOWN STAIRS
 IN (C-HOUSE) A BETTER HOUSE THAN (E-HOUSE)
 WHEN SHE HAD CELLS OPEN DOWN STAIRS IN
 (C-HOUSE) E-HOUSE ^{BUT SHE MOVED ME TOO} IS FULL OF MOLD AND
 ROACHES) SHE DROPE THIS OUT OF "SPITE", THAT
 I'M TRYING TO GET "MEDICAL TREATMENT"?
 THE CELL I'M IN IN E-123 IS FULL OF MOLD
 I EVEN TALKED TO SEVERAL LT. AND SGT.
 FOR BLEACH AND CLEANING MATERIAL. LT.
 MILDAP GAVE ME BLEACH, AND ^{SEEN} ~~SMELL~~ THE
 MOLD HIS SELF, LT. NORMAN ALSO SEEN
 THE MOLD, I ALSO SHOWED THEM ONE
 NURSE (FEMALE) I'LL GET HER NAME LATER
 AND SHOWED AND TOLD HER ABOUT THE MOLD
 BUT TO NO- AVAIL - PLACEMENT OFFICER
 MARKS, DEPORTIZING MY FIBROTH W/ MOVING
 ME IN THIS MESSY ^(CELL) HOUSE - E-HOUSE - AND IN THIS
 MOLEDED, ROACH INFESTED CELL - ALL BECAUSE I WAS TRYING TO
 GET MY PROPER MEDICAL TREATMENT, I TOLD WARDEN GOMBZ
 WROTE GRIEVANCE(S) AND NOTHING HAPPEN, IT JUST
 (PLEASE HELP) Sincerely,

Printed on Recycled Paper

ILLINOIS DEPARTMENT OF CORRECTIONS
RESPONSE TO OFFENDER'S GRIEVANCE

Grievance Officer's Report			
Date Received: 12/09/2020	Date of Review: 04/21/2021	Grievance # (optional): 2829	
Offender: Wendell Weaver		ID#: R47387	
Nature of Grievance: Medical - Medical Treatment			
<p>Facts Reviewed:</p> <p>Grievant claims on a grievance written on 10/1/2020 that the Tylenol 3 is not helping with his pain. Grievant also states he would like another MRI for his shoulder and treatment for his nail fungus.</p> <p>Grievance officer finds per Lilybeth Segarro, Director of Nursing: "Inmate is now on Tramadol and Naproxen. Inmate is currently housed in C-house.</p> <p>For MRI, Inmate wrote that when Dr. Henze explained the procedure, he rejected because "I have claustrophobia and I couldn't stay in there! (the machine)"</p> <p>No meds for nail fungus"</p> <p>Medical concerns are to be directed to the cell house Nurse who will evaluate offender for treatment or refer him if appropriate. Alternatively, the offender may send a "Medical Request" slip to Health Care requesting medical services."</p> <p>This Grievance Officer has no medical expertise or authority to contradict the doctor's/DON's/RN's recommendation / diagnosis.</p>			
<p>Recommendation:</p> <p>Grievance is moot.</p>			
A. Gomez CCII		 <small>Grievance Officer's Signature</small>	
<small>Print Grievance Officer's Name</small> <small>(Attach a copy of Offender's Grievance, including counselor's response if applicable)</small>			
Chief Administrative Officer's Response			
Date Received: 4/30/21	<input checked="" type="checkbox"/> I concur <input type="checkbox"/> I do not concur <input type="checkbox"/> Remand		
Action Taken:			
 <small>Chief Administrative Officer's Signature</small>			4/30/21 <small>Date</small>
Offender's Appeal To The Director			
<p>I am appealing the Chief Administrative Officer's decision to the Director. I understand this appeal must, within 30 days after the date of the Chief Administrative Officer's decision, be received by the Administrative Review Board, P.O. Box 19277, Springfield, IL 62794-9277. (Attach a complete copy of the original grievance, including the counselor's response if applicable, and any pertinent documents.)</p>			
 <small>Offender's Signature</small>		R47387 <small>ID#</small>	5/21/2021 <small>Date</small>

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STATEVILLE CC and E-mailed
2-8-22 by CK 138 pages
date Initials No.

IN THE

UNITED STATES DISTRICT COURT

FOR THE NORTHERN DISTRICT OF ILLINOIS

WENDELL E. WEAYOR)
R47387)

Plaintiff)

v.)

Case No. 21 C 5148

MARLENE HENZIE, ET AL.,)

Defendant

PROOF/CERTIFICATE OF SERVICE

TO: U.S. DISTRICT

TO: _____

COURT NORTHERN DISTRICT

CLERK OFFICE, 219 S.

DEARBORN ST CHICAGO, IL 60601

TO: _____

TO: _____

PLEASE TAKE NOTICE that on FEB 08, 20 22 I have placed the documents listed below in the institutional mail at STATEVILLE Correctional Center, properly addressed to the parties listed above for mailing through the United States Postal Service:

16830 S. BROADWAY ST. PO. BOX 112
JOLIET, IL 60434

Pursuant to 28 USC 1746, 18 USC 1621 or 735ilcs 5/1-109, I declare, under the penalty of perjury, that I am a named party in the above action, that I have read the above documents, and that the information contained therein is true and correct to the best of my knowledge.

DATE: 2-08-2022

/s/ Wendell E. Weayor

NAME WENDELL E WEAYOR

IDOC# R47387